Willmar Public Schools/ District 347
Authorization for ADMINISTRATION OF MEDICATION
(Staff Administration)

STUDENT INFORMATION			
Student Name	DOB	Grade	School Year
Medical Condition(s)		Known Allergies	
CONTACT INFORMATION			
Parent/Guardian Name	Phone	Cell	
Parent/Guardian Name	Phone	Cell	
MEDICATION INFORMATION			
Medication	Dose	Route	Frequency
Diagnosis/Reason for this medication			END DATE
Medication	Dose	Route	Frequency
Diagnosis/Reason for this medication			END DATE
Medication	Dose	Route	Frequency
Diagnosis/Reason for this medication			END DATE
Medication	Dose	Route	Frequency
Diagnosis/Reason for this medication			END DATE

NOTE:

***All prescribed medication** must be brought to school by the parent/guardian in the original container. Prescription medication must be labeled for the student by a pharmacist in accordance with law, and must be administered in a manner consistent with the instruction on the label. **Pharmacies will divide medication in two labeled bottles, one for home and one for school, upon request.**

* **Over-the-Counter (OTC) medications** must come to the school health office in its original container.

PRESCRIBING HEALTH PROFESSIONAL *Complete this section for both PRESCRIPTION and OVER-THE-COUNTER MEDICATION*	
Signature	Date
Printed Name	Clinic
Phone	FAX

If this RX is an MDI (Inhaler) and the student is at least 7 years old or for an, EPI-PEN and the student is at least 12 years old please complete the following:

- ☐ **Student should carry and may self administer his/her inhaler**
- ☐ **Student should carry and may self-administer his/her epi-pen**
- ☐ **Student should carry and may self-administer his/her** ______________________________
- ☐ **Other comments:** ____

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Section 1: Parental Request for Administration of Medication

- I request that the medication and/or treatment specified on this form be given during school hours as ordered by the Physician/licensed prescriber.
- I release school personnel from liability in the event adverse reactions) result from the medication and/or treatment
- I give permission for the medication/treatment to be given by designated school personnel
- I understand that school personnel cannot administer prescribed medication or treatment without authorization from my child's physician/licensed prescriber AND with my permission.
- I will immediately notify the school health office of any changes in the health profession's order, dose change, frequency and/or duration of administration.
- I give permission for school staff to administer the medication on a field trip, as necessary and according to school policy ☐ **YES** ☐ **NO**
- **DISPOSAL OF MEDICATIONS–**ALL unused, discontinued, or outdated medications shall be returned to the parent/legal guardian. IF the parent/guardian does not pick up these medications at the end of the school year or as otherwise requested, the medication will be disposed of according to school policy.

Section 2: Permission for Release of Information Check all that are agreed upon by parent

☐ I understand that school personnel will share medical and/or prescription information with emergency responders, if they are called to provide care for my child.

☐ I give permission for the school personnel to communicate with my child's teachers and other employees that need to know about his/her health condition and the action of the medication/treatment and potential side effects.

☐ I give permission for the school nurse to consult (both verbally and in writing) with my child's physician/licensed prescriber regarding any questions that arise related to the medical condition and/or medication/treatment being used to treat the condition.

Please sign below to indicate your permission to administer medication AND your permission to release information as indicated by your check-marks above.

PARENT/GUARDIAN AUTHORIZATION	
Print Name	Date
Signature	

Thank you! We believe that Healthy Students are Strong Learners and we are privileged to care for your students.

Please contact the Health Office of the School that your student attends if you have ANY questions.