MINNETONKA
PUBLIC SCHOOLS

Minnetonka Public Schools Community Education
Request Form
Administration of Medication at School
(Grades K - 5)
School Year: _____

Should this medication go on a field trip with your child?

Yes _____ No_____

Parents of a student requesting that medication be administered during school and/or program hours by school staff are required to provide for the school: 1) **the physician order**, 2) **a parental release** and 3) medication supplies **in the original medication bottle** (*you may ask the pharmacy for medication to be split between two labeled bottles)*. **Please return the completed form to your child's site supervisor.**

Student name: _____Date of Birth: _____

School: _____Grade/Grad Year: _____Teacher: _____

Physician's order for administration of medication by school personnel

I have prescribed the following medication and request the dosages be given during school hours:

Medication: _____ Dosage to be given: _____
Unit dose (strength) provided: _____ Number of unit doses (e.g. tablets, liquid): _____
Time to be given: _____Daily _____As needed _____
For Treatment of: _____
Possible side effects: _____
Special Instructions: _____
Last date to be given: _____

Physician's signature: _____Phone: _____Date: _____

Physician's address or Clinic name: _____

Parental request for administration of medication and release of information

Only when a medication is prescribed to be taken during school hours will a child be given medication at school. I request this medication be given as prescribed and the above requested information be released to the physician from the school. If necessary, the school may request additional information from the physician regarding this medication/condition.

Parent/Guardian signature: _____Daytime phone: _____ Date: _____

For Community Education Staff Use Only

Date medication received	Unit Dosage	Count	Expiration Date	Initials of person receiving

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Medication Log

CHILD'S NAME	NAME OF MEDICATION	CHILD'S CLASSROOM/GROUP

Always review the medication instructions and Child Care Medication Authorization Form prior to every administration. This record must be available to the parent or guardian and maintained in the child's record. When medication has been discontinued or expired, it should be returned to the parents/guardians.

Date	Time	Dosage	Staff printed name	Staff signature	Notes