

ISD 318 SCHOOL HEALTH SERVICES
Authorization for Administering Medication
School Year: 2025-26

PRESCRIPTION Medication—>To be completed by healthcare provider

Student: _____ DOB: _____ Grade: _____ School: _____

***ICD-10-CM Diagnosis Code (required for prescribed medication):** _____

Medication (Include dosage): _____

Reason: _____

Time to Administer: _____

List side effect concerns: _____

Health Care Provider Signature: _____ **Date:** _____

- Medication(s) will only be given with written parent permission and/or written physician orders from your Healthcare Provider.
- All medication(s) must come to school in the original pharmacy container, not baggies, envelopes, etc. Parents are asked to bring medication to the school office. Medication(s) SHOULD NOT be sent to school with students.
- Whenever possible, medication should be given at home instead of school.
- All medication (prescription or nonprescription) will be taken in the nurse's office. Students may not have medication in their possession, except with a written physician's order. (No controlled substance will be allowed to be self-administered even if a physician's order is presented)
- Please notify the nurse if there are any changes made in the medication to be given (dosage change, discontinued, hold, etc.). A new order will be needed to make changes especially if a new medication is prescribed.
- Your signature on this form also serves as a release for the nurse to exchange information with the Health Care Provider (verbally via telephone or in written form such as e-mail, fax or letter) and appropriate school staff regarding medication and health issues/concerns. This information is private data and will be kept confidential.
- I release the school personnel from any liability in relation to this request when the medication is given as ordered. I understand the school is rendering a service and does not assume any responsibility for this matter. I understand that a school nurse or designated person will administer the medication.
- Please notify the nurse of all medication your child is taking at home. This is important in case of an emergency.

Parent Signature: _____ **Date:** _____

Jenny Berkeland, RN Early Childhood Programs 218-327-5700 ext: 41728
Kaitlyn Ruder, RN Grand Rapids High School (218) 327-5760/Fax (218) 327-5761
Amy Holt, RN RJE Middle School (218) 327-5800/Fax (218) 327-5801
Tracy Lessman, RN West Rapids Elementary School (218) 327-5870/Fax (218) 327-5871
Kimberly Powell, RN Bigfork Schools (218) 743-3444/Fax (218) 327-5763
Lianne Scholl, LPN East Rapids Elementary School (218) 327-5880/Fax (218) 327-5885
Katie Hanson, LPN QUEST/Grand Rapids High School (218) 327-5760/Fax (218) 327-5761
Donna Kirt, LPN RJE Middle School (218) 327-5800/Fax (218) 327-5801
Angela Webb, RN/ Paula Wenker, LPN Cohasset Elementary School (218) 327-5860/Fax (218) 327-5861]
Cathy Erickson, RN St. Joseph's School (218) 326-6232/Fax (218) 326-1663



Grand Rapids Area Schools
Resilience, Readiness, Excellence