

AUTHORIZATION FOR DISPENSING MEDICATION

Fax Numbers	
Alexandria Area High School 320-335-2249	Lincoln Elementary School 320-762-3321
Discovery Middle School 320-762-8347	Voyager Elementary School 320-762-3326
Woodland Elementary School 320-762-3301	Garfield Elementary School 320-762-3350
Miltona Elementary School 218-943-5140	Carlos Elementary School 320-852-7538

School: _____ **School Year:** _____

Student's Name: _____

Birthdate: _____ **Grade:** _____

Medication	Dose	Time	Route	Notes

AM MEDS: Should this medication be given at school during a 2-hour late start? Yes No

It is medically appropriate for the student to self-carry their emergency medication and supplies at all times (Epi-pens or Asthma inhalers only). This student has been trained to self-administer the medication and is capable of doing it safely.

FOR TWO DOSE MEDICATIONS: How many hours between doses of medication: _____

Comments: _____

Please see below when ordering meds to be taken during Lunchtime

Alexandria Area High School depending on the student's lunch period, their lunchtime can be between 11:24 a.m. – 1:32 p.m. and students' lunch period can be different each day based on their A/B day schedule.

Discovery Middle School has lunch during these times: 6th grade – 10:30 a.m. 7th grade – 11:30 a.m. 8th grade – 12:30 p.m.

Licensed Prescriber Name:	Signature:
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PARENT/GUARDIAN MEDICATION AUTHORIZATION

Student's name:	Birthdate:
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Field Trips:

When on a scheduled school field trip, the plan will be for a teacher or paraprofessional to give the medications, unless the student's parents were on the field trip.

If your child is on a field trip during regularly scheduled medication times, do you want your child's medications to be sent and given? Yes No

Parent/Guardian Authorization:

1. I request the listed medication(s) on the medication authorization to be given during school hours as ordered by a Licensed Prescriber.
2. I release school personnel from liability in the event adverse reactions result from taking the medication(s)
3. I will notify the school of any changes in the medication(s), (e.g., dosage change, medication discontinued) A new medication authorization is required.
4. I give permission for the school nurse to communicate with the child's teachers and other applicable staff about the child's health conditions(s) and the action of the medication(s). May also consult with the above-named student.
5. I give permission for the medication to be given by designated personnel delegated by the school nurse
6. I give permission for my child's healthcare provider to share information with the school nurse for the completion of this order.
7. I give permission for my child to self-carry their emergency medication (Epi-pens, asthma inhalers) if deemed medically appropriate per license provider orders.
8. I understand prescription medication must be brought to/from the school's health office by the student's parent/guardian.

Parent/Guardian Signature:	Date:
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A new medication authorization is required each school year.