Mehlville School District
Individually Focused. Committed to All.

Authorization to Administer Medication

The State of Missouri Nursing Practice Act 335,011 requires a written order from a physician, dentist or an advanced practice nurse with delegated prescription authority and authorization from a parent or guardian for a nurse, or in her absence her designee, to administer medications at school.

Medication is to be brought to school in an appropriately labeled prescription container. Please have the pharmacist label two containers, one for home and one for school. The district will not administer the first dose of any medication.

TO BE COMPLETED BY PHYSICIAN/LICENSED PRESCRIBER:

I request that the above-named student be allowed to take the following medication at school:

Full Name of Medication	Dosage	Time given	Side Effects
_____	_____	_____	_____
_____	_____	_____	_____

Reason for medication/diagnosis:_____ Duration of medication:_____

Possible side effects:_____

Other medication currently being taken:_____

Physician/Licensed Prescriber Name:_____ Phone Number:_____

Physician Signature:_____ Date:_____ Fax Number:_____

_____

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN:

I am the parent or legal guardian of the above-named student. I request that the school nurse, or in the nurse's absence the principal or principal's designee, be the caretaker and administer the above medication to my son/daughter. I have given the first dose of this medication at home. I release Mehlville School District from the responsibility for any adverse side effects of this medication.

All medication (prescription or over-the-counter) must be in its original labeled container.

Other Instructions:_____

Parent/Guardian Signature:_____ Date:_____