SCHOOL MEDICATION FORM
PHYSICIAN ORDER AND PARENT AUTHORIZATION 2026-2027

Austin Albert Lea Area Special Education Cooperative #6095
Phone: 507-460-1850 Fax: 833-493-3354

Last Name:	First Name:	Middle Initial:
Date of Birth:	School:	Grade:

HEALTH CARE PROVIDER ORDER

I hereby request and authorize the administration of the following medication:

Medication Name	Dosage	Time to be Administered	Duration

ICD-10 Code/Diagnosis:
Other medications this student is taking:
Other recommendations/ UNUSUAL side effects:

**If applicable: Student may carry and self-administer his/her own inhaler/epi-pen? ☐ Yes ☐ No

Licensed Prescriber Signature:	**Date:**
Print Licensed Prescriber Name:	Telephone:
Clinic Name:	Fax:
Clinic Address:	

PARENT/GUARDIAN AUTHORIZATION

1. I request that the above medication/treatment/procedure be given during school hours as ordered by this student's licensed prescriber.
2. I release school personnel from any liability in relation to this request when the medication/treatment/procedure is given as ordered.
3. I will notify the school of any change in the medication (dosage change, discontinued medication before the time stated in the health care provider's order).
4. I give permission for school nurse and/or building nurse to consult (both verbally and in writing) with the above named licensed prescriber regarding any questions pertaining to the medical condition and/or medication/treatment/procedure being used to treat the condition.
5. I give permission to the school nurse and/or building nurse to communicate with the student's teachers about the student's health condition, and the action and side effects of this medication/treatment/procedure.
6. Field trips – I give permission for the assigned teacher/responsible adult to dispense the medication on the field trip, as necessary, following school procedures.
7. I understand that if I do not pick up the remaining balance of medication at the end of the school year, it will be destroyed.

Signature of Parent/Guardian: _____Date _____

Relationship to student_____ Telephone_____