

Authorization for Administration of Medication at School

Schoo	l Year	•	

In order to give medication (prescription or over-the-counter) during school hours, parents will need to:

- Complete this medication authorization form including a written physician's order and a parent signature authorizing staff to dispense medication.
- If student needs to carry medication with them (e.g.; inhaler, EpiPen), please have the physician identify this in a written order.
- ♦ Send **prescription medication** in the original container with a pharmacy label identifying student name, drug, dosage, time medication should be given and physician's name. **Over-the-counter medications** should be sent in the original container.
- EXCEPTION: If prescription medication is to be given on a short-term basis (14 days or less) and is non-narcotic, a physician's order is not needed (example, antibiotic). Parent permission is still required.

*Student Name	Grade	
Physician's Order for Administration of Medica	ation by School Personnel	
I have prescribed the following medication for this student and request the	he dosages are given during the school hours:	
* Medication(s):	uterol, Benadryl, Sudafed.	
* Dosage and Time(s):		
Diagnosis or reason for Medication:		
Possible side effects:		
Special Instructions:		
If this medication is to be given as needed, please explain when it shoul	ld be given:	
* Physician Signature:	Date:	
Physician Name (print):	Phone:	
Address:		
Parent Authorization for Administration	ion of Medication	
I hereby give permission for my child to receive medication at school as or dentist. I authorize reciprocal release of information related to the me prescribing health professional.		
* Parent Signature:	Date:	
Forms and any additional physician's order(s) may be mailed or faxed to Providence Academy Health Office 15100 Schmidt Lake Road Plymouth, MN 55446-3722 Fax: (763) 258-2503 Any questions may be directed to the scho		