Authorization for Administration of Medication at School School 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 Medication by School Personnel

I have prescribed the following medication for this student and request the dosages are given during the school hours:

* Medication(s):_____
Please specify medication, such as ibuprofen, acetaminophen, albuterol, 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 should be given: _____

* **Physician Signature**: _____Date: _____

Physician Name (print): _____ Phone: _____

Address: _____

Parent Authorization for Administration of Medication

I hereby give permission for my child to receive medication at school as prescribed by my child's doctor, nurse practitioner or dentist. I authorize reciprocal release of information related to the medication between the school nurse and the 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 school nurse at 763-258-2507. 5/08