



## Authorization for Administration of Medication at School

Parents/guardians asking school staff to give medications to their student must provide written permission every school year. **Prescription medication requires written authorization of both the student's physician/licensed prescriber and the parent/guardian every school year.**

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade /Rm \_\_\_\_\_

School \_\_\_\_\_ School Year \_\_\_\_\_ Teacher \_\_\_\_\_

Condition	Medication	Dose	Time	Route	Possible Side Effects
1.					
2.					
3.					

Other consideration/directions: \_\_\_\_\_

Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_

**(All authorizations expire at the end of the school year or following the summer school session.)**

\_\_\_\_\_  
Signature of Physician/Licensed Prescriber      Print name of Physician/Licensed Prescriber      Date

\_\_\_\_\_  
Clinic Name      Phone      Fax

### Parent /Guardian Authorization

1. I request the above medication(s) be given during school hours, including field trips, as directed by parent/guardian and/or my student's physician/licensed prescriber.
2. I will notify the school of any change in the medication(s), i.e. change in dose, medication is stopped, etc.
3. I give permission for the school nurse to communicate as needed with school staff about the student's health condition and the action of the medication(s).
4. I give permission for the school nurse to consult with the student's physician/licensed prescriber about any questions regarding the listed medication(s) or medical condition(s) being treated by the medication(s).
5. I give permission for the medication(s) to be given by school personnel as delegated, trained, and supervised by the Licensed School Nurse.

**Note: Medication must be supplied in the original/ prescription bottle**

\_\_\_\_\_  
Parent/Guardian Signature      Relationship to student      Date      Daytime Phone

Return to BSM Health Office. Phone: 952-927-4176 Fax: 952-920-8889

Health Office Staff use only:

Med. Expiration date \_\_\_\_\_

Medication in health office

Documented in health record

