

## Pine City Schools Authorization for Administration of Medication at School

Name of Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medical Condition	Medication	Strength mg/ml	Dose # Tablets	Time(s) Frequency	Route	Start Date	Stop Date

(All authorizations expire at the end of the school year or at the end of Extended School Year summer school programs)

\_\_\_\_\_  
 Print or Type Name of Physician / Licensed Prescriber                      Signature of Physician / Licensed Prescriber

\_\_\_\_\_  
 Clinic Address                      Fax Number                      Phone Number                      Date

### Parent / Guardian Authorization

I request that the above medication(s) be given during school hours as ordered by this student's physician/licensed prescriber. I also request that the medication(s) be given on field trips, as prescribed.

I release school personnel from liability in the event adverse reactions result from taking medication(s).

I will notify the school of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.).

I give permission for the school nurse or designee to communicate with the student's teachers about the student's health condition(s) and the action of the medication(s). I give permission for the medication(s) to be given by designated personnel as delegated by the school nurse.

**I give permission for the school nurse or designee to consult (in oral or written format) with the above named student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s), as well as ongoing data on medication effects provided to physician/licensed prescriber and parent/guardian via monitoring form.**

My son/daughter may self-administer his/her inhaler/Epipen®, if appropriate as assessed by the School Nurse.

\_\_\_\_\_  
 Parent/Guardian Signature                      Relationship to Student

\_\_\_\_\_  
 Home Phone                      Day Phone                      Date

**NOTE: Medication is to be supplied in the original/prescription bottle.**

- Signatures must be completed in order to administer medication. If medication policy is not followed, school health services will not be able to administer medication, which may adversely affect educational outcomes or this student's safety.
- Pine City Fax Numbers:            Elementary office(320) 629-4205    HS office (320) 629-4105