

**Minneota Public School
Request to Administer Medication in School
2018-2019 School Year**

Student Name: _____ Date of Birth: _____ Grade: _____

Name of Medication: _____

Diagnosis/Reason for Medication: _____

Dosage: _____

Route: _____

How Often: _____

Time of Day: _____

Beginning Date: _____

Ending Date: _____

Known Allergies: _____

REQUIRED FOR ALL PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS

Parent Authorization:

1. I request that the above medication can be given during the school day.
2. I release school personnel from any liability in relation to this request when the medication is given as directed.
3. Medications must be brought to the school by parent/guardian in its original container with the appropriate label. If medication is not properly labeled, it will NOT be given.
4. Over-the-counter medication will not be given for more than three consecutive days without a doctor's order.
5. Each student will need to have a form filled out for each medication that is to be given throughout the school day.

Parent/Guardian Signature

Date

REQUIRED FOR ALL PRESCRIPTION MEDICATIONS

Physician Signature

Date

NOTE: Prescription medication may be given for two days without a signed physician order if it is brought to school in a properly labeled container from the pharmacy or physician. After two days, the medication will NOT be administered at school.