

**Minneota Public School  
Request to Administer Medication in School  
2019-2020 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 and I release school personnel from any liability in relation to this request when the medication is given as directed.
2. 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.
3. Over-the-counter medication will not be given for more than three consecutive days without a doctor's order.
4. Each student will need to have a form filled out for each medication that is to be given throughout the school day.
5. I authorize the prescriber and the school to exchange information necessary for the safe administration of this medication.

\_\_\_\_\_  
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, until a signed physician order is received.