

Pequot Lakes School
Middle School and High School
Nurse's Office phone: (218) 568-9207
FAX: (218) 568-4680

Authorization for Administration of Medication at School

Name of Student: _____ Birth Date: _____

School: _____ School Year: _____ Grade: _____

Medical Condition & ICD10 code	Medication	Strength	Dose	Time	Route	Possible Side Effects:
1.						
2.						
3.						

Other Considerations / Directions: _____

Start Date: _____ Stop Date: _____ (All authorizations expire at the end of the school year.)

- ☐ For inhalers: Student has the skills to safely possess and use an inhaler.
- ☐ Student has knowledge of & can self-administer the medication. (Not applicable for controlled substances.)

Print or Type Name of Physician / Licensed Prescriber

Physician's / Licensed Prescriber's Signature

Clinic Address

Phone Number

Date

Parent / Guardian Authorization

1. I request that the above medication(s) be given during school hours as ordered by this student's physician / licensed prescriber. Medication(s) be given by a staff member as delegated by the school nurse.
 2. I release school personnel from liability in the event adverse reactions result from taking the medication(s).
 3. I will notify the school of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)
 4. I give permission for the school nurse to communicate with the student's teachers about the student's health condition(s) and the action of the medication(s).
 5. I give permission for the school nurse to consult 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).
 6. I give permission for any unused medications to be sent home on the last day of school with my student. (Parents or guardians MUST pick up controlled medications.) The school will not store any medications over the summer, and does not destroy unwanted medication.
- ☐ My son/daughter may self-administer his/her medication. (Not applicable for controlled substances, such as Ritalin, Dexedrine, Codeine, etc.)

Date

Parent/Guardian Signature

Relationship to Student

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