

Parent Request for Medication Administration and Physician Order

Parents of students requesting that medication be administered during school hours must provide for the school:

- Medication in an appropriately labeled container, over the counter medications must be in original container, and prescription medications in a prescription bottle
- Parent/guardian signature
- A physician signature on the form for prescription medications. Note: health services recommend a physician signature for non-prescription medications.

Ask for prescription medications to be divided into two bottles completely labeled – one for home and one for school. Only when a medication is prescribed to be taken during school hours will a student be given medication at school.

Possible Side Effects: Special Instructions: I request that this medication be given as indicated above. I understand that administration of medication will not necessarily be done by a Licensed School Nurse or Health Associate but may be provided by a designated trained school employee. I understand and agree that neither Trinity Lutheran Church and School, nor its trustees, representatives, employees, or agents may be held liable in any way for an occurrence in connection with the administration of medicat which may result in injury, harm or other damage to the individual receiving the medication. Also, if necessary, the school may request additional information from the physician regarding this illness or medication sign form below and return it with the medication to Trinity's health office. PARENT/GUARDIAN SIGNATURE: Daytime Phone: This form must by signed by the student's physician PHYSICIAN SIGNATURE: Print Physician Name: Phone/Fax:	Student Name:		Birth date:	School:		Gr:
Treatment of:	Medication:			Route: Oral	_ Inhaled	Topical
Allergies: I request that this medication be given as indicated above. I understand that administration of medication will not necessarily be done by a Licensed School Nurse or Health Associate but may be provided by a designated trained school employee. I understand and agree that neither Trinity Lutheran Church and School, nor its trustees, representatives, employees, or agents may be held liable in any way for an occurrence in connection with the administration of medicat which may result in injury, harm or other damage to the individual receiving the medication. Also, if necessary, the school may request additional information from the physician regarding this illness or medication sign form below and return it with the medication to Trinity's health office. PARENT/GUARDIAN SIGNATURE: Date: Date: Daytime Phone: Phone/Fax: Below line for School health Office Use only: Date/Time Administrator Signature	Dosage:			Time Given:		
Special Instructions:	Treatment of:			Number of tabl	ets sent to sch	ool:
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	PARENT/GUARDIAN SIG Date:	GNATURE: Daytime Ph	one:			
Date/Time Date/Time Date/Time Administrator Signature	Print Physician Name:_			Phone/Fax:		
	-			Date/Time	Administi	rator Signature
	Dose/Initials	Dose/Initials				
 						



<u>District 110—Waconia Schools Medication Policy</u>

School District 110 acknowledges that some students may require prescribed oral medications during the school day to function as near to their potential as possible. The school district's licensed school nurse, health associate, or other designated trained school employee will administer prescribed medications under these conditions:

- Prescription and non-prescription medication requires a completed signed authorization form from the student's parent/guardian and physician. The school district may rely on an oral request to administer medication for up to two days until written authorization is received. It is to include:
 - Student name
 - Name of medication
 - Time of administration
 - Possible side effects

- Dosage and route of administration
- Termination date of administration
- Reason for medication
- Number of tablets sent to school
- Prescription or non-prescription medication must be in the prescription or over-the-counter labeled container. The pharmacy can divide medication for home and school into two bottles with proper labels.
- Parent/Guardian will notify the Health Office of any changes in medication or if it is discontinued. A written script from the physician will be needed for any changes. This can also be faxed to the appropriate school.
- The school WILL NOT provide any medications including Aspirin, Tylenol, Ibuprofen, cough drops, Bacitracin (Neosporin), etc., in accordance with Minnesota Department of Health guidelines.
- Students will not be allowed to self-administer or carry medications with them unless an exception is made, and a written plan is agreed upon between the licensed school nurse, health associate and parent.
- District 110 will not administer Investigational, Complementary, and Alternative Medicines not approved by the FDA. The quality and quantity of non FDA approved products are free from the scrutiny of a regulatory agency. The labels also do not indicate the action, recommended dosage for age, side effects, interactions, adverse reactions and contraindications.