

# Request to Administer Medication Health Care Provider & Parent Permission



Date: \_\_\_\_\_

The policy of District 834 Stillwater Area Schools regarding the dispensation of medication in school is that medication shall be administered only when the student's health requires medication be given during school hours.

Minnesota State Law (M.S. 126.201) requires medications which are administered at school must be in a container or prescription bottle properly labeled by a pharmacist or physician. Pharmacists should be asked to divide the medication between two containers completely labeled, one for home and one for school.

Stillwater Area School's policy on medication requires a written order from a licensed prescriber and authorization from parent/guardian for schools to administer medication. Medications will be kept in a locked cabinet in the health room and administered by the school nurse or supervised designee.

School Nurse: \_\_\_\_\_ School: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**I authorize the student below to receive the following medication at school to be dispensed by the school nurse or designated school personnel.**

\_\_\_\_\_ is to receive \_\_\_\_\_  
PATIENT'S NAME MEDICATION AND DOSAGE

at \_\_\_\_\_ for the treatment of \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Estimated date of termination: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN/PRESCRIBER'S SIGNATURE DATE

\_\_\_\_\_  
CLINIC NAME PHONE FAX

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Parent/Guardian:

Your signature below allows the above medication(s) to be given during school hours or while on field trips. The parent/guardian needs to supply the school with the listed medications and notify the school of any changes in the above plan. This information is to be shared only amongst appropriate personnel at school and not to be released to any third party. This consent may be revoked by sending a written note to the school nurse.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone(s): \_\_\_\_\_