

H.2: Edina Public Schools Health Services - Administration of Medication During the School Day

Edina Public Schools Health Services Expires: _____

Pupil's name _____ DOB _____ School _____ Grade/H. Rm. _____

ADMINISTRATION OF MEDICATION DURING THE SCHOOL DAY

Parents of pupils requesting that **any** medication be administered during school hours by school staff are requested to provide for the school:

- 1) the **physician's order**,
- 2) a **parental release**, and
- 3) medication supplied in the **original container**.

Ask for prescription medication to be divided in two bottles completely labeled - one for home and one for school.

Paste student's
photo here
(optional)

PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I have prescribed the following medication for this student and request that dosages be given during school

hours: Medication _____ Dose _____ Route _____

Time _____ PRN Repeat Frequency _____

(Morning medication dose _____ mg. to be given at school, **only** if student forgets to take it at home.)

For treatment of _____ Possible side effects _____

Special Instructions _____ Last date to be given _____

Other medications taken at this time _____

_____ Medication **ALLERGIES** _____

Print physician's name _____

Physician signature _____ Date _____ Phone _____

PARENTAL REQUEST FOR ADMINISTRATION OF MEDICATION

I request this medication be given as prescribed and I give the Health Services Staff authority to communicate with the ordering physician about this medication. I release school personnel from any liability in the administration of this medication at school. **I understand that medication will not necessarily be administered by a school nurse.**

Please check appropriate spaces below:

____ Keep this medication in school ____ Send this medication home each evening

Physician and I agree that this student needs medication on field trips. Yes ____ No ____

I feel my child/adolescent should carry and self-administer his inhaler. Yes ____ No ____

Parent/Guardian signature _____

Date _____ Home Phone _____ Work Phone _____

To promote safety for your child, medication information may be shared with school personnel working with your child and with 911 personnel, if they are called.

MedsCard-Public-04.doc 11/11/04

Use with the permission of the Edina Public Schools, Edina Minnesota (2004).