



Minnetonka Public School Health Services Request Form
Administration of Medication at School

_____ Daily _____ As needed

Student's name _____ **DOB** _____ **Grade** _____ **Teacher** _____

Parents of student's requesting that medication be administered during school hours by school staff are required to provide for the school: (1) the physician's order for the prescription medication, (2) a parental release and (3) medication in the prescribed bottles or original bottles. Ask for medication to be divided into two prescription bottles completely labeled--one for home and one for school.

PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I have prescribed the following medication _____
(name of medication) (dosage in mg, etc.)

to be given during school hours at _____ for the treatment of _____

Length of time to be given _____ Discontinue after dose on _____

Ok to self-carry? (inhalers, epinephrine pen, ibuprofen, acetaminophen) Yes _____ No _____

Physician's signature _____ **Date** _____

Print physician's name _____ **Phone** _____

PARENTAL REQUEST FOR ADMINISTRATION OF MEDICATION

Only when a medication is prescribed to be taken during school hours will a child be given medication at school. I request this medication be given as prescribed. Licensed School Nurses may request additional information from the physician regarding this medication/condition.

Ok to self-carry? (inhalers, epinephrine pen, ibuprofen, acetaminophen) Yes _____ No _____

Parent/Guardian signature _____ **Date** _____ **Daytime phone** _____

<u>Date & name of med rec'd</u>	<u>Pharmacy & Rx</u>	<u>Unit Dosage</u>	<u>Count</u>	<u>Exp. Date</u>	<u>Initials</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<u>Initials</u>	<u>Signatures</u>
_____	_____
_____	_____
_____	_____
_____	_____

Minnetonka High School Health Office	Phone (952) 401-5771	FAX (952) 401-5728
Minnetonka Middle School East Health Office	Phone (952) 401-5210	FAX (952) 401-4010
Minnetonka Middle School West Health Office	Phone (952) 401-5318	FAX (952) 401-5350

