



Parent/Guardian Request for Medication Administration and Physician Order

Parent/guardian 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 for prescription medications. *Note: health services recommends 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.

Please review the "District 110 Medication Guidelines" on the back of this form. For further information please see ISD 110 Policy #516 and Medication Administration in the School Setting Procedures

Student Name: _____ **Birth date:** _____ **School:** _____ **Gr:** _____

Medication: _____ **Route:** Oral ___ Inhaled ___ Topical ___ Other _____

Dosage: _____ **Time Given:** _____

Treatment Of: _____ **Number of tablets sent to school:** _____

Possible Side Effects: _____

Special Instructions: _____ **End Date/Number of days given:** _____

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. Also, if necessary, the school may request additional information from the physician regarding this illness or medication. I authorize the school nurse to communicate with appropriate school personnel about the action and side effects of this medication.

PARENT/GUARDIAN SIGNATURE: _____

Date: _____ **Daytime Phone:** _____

PHYSICIAN SIGNATURE: _____

Print Physician Name: _____ **Phone/Fax:** _____

Below line for School Health Office Use only: - PRN medications

Date/Time Dose/Initials	Date/Time Dose/Initials	Date/Time Dose/Initials	Date/Time Dose/Initials	Administrator Signature

Waconia High School/ALC
PH: (952)442-0674
Fax: (952)442-0679

Waconia Middle School
PH: (952)442-0654
Fax: (952)442-0659

Southview Elementary
PH: (952)442-0623
Fax: (952)442-0629

Bayview Elementary
PH: (952)442-0630
Fax: (952)442-0609

Laketown Elementary
PH: (952)442-0690
Fax: (952)856-4530

District 110 – Waconia Schools Medication Guidelines

School District 110 acknowledges that some students may require prescribed and over the counter medications during the school day to function as near to their potential as possible. For more information, please refer to ISD 110 Student Medication Policy #516 and Medication Administration in the School Setting Procedure. 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. For prescription medications a physician is required,** for non-prescription/over the counter medications health services recommends a physician signature. 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
 - Dosage and route of administration
 - Name of medication
 - Termination date of administration
 - Time of administration
 - Reason for medication
 - Possible side effects
 - Number of tablets sent to school

This authorization can be faxed to the health office of your child's school.

Fax Numbers: High School/ALC (952)442-0679, Waconia Middle School (952)442-0659, Laketown Elementary (952)856-4530, Southview Elementary (952)442-0629, Bayview Elementary (952)442-0609

- **Prescription or non-prescription medication must be in the prescription or over-the-counter labeled container and should be brought to school by a parent/guardian.** The pharmacy will 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 may be allowed to self-carry/self-administer prescription asthma medications and prescription epinephrine. In addition, secondary students (7th-12th) may be allowed to self-carry/self-administer non-prescription pain relievers in a manner consistent with labeling. No student will be allowed to self-carry/self-administer any medication without a written plan agreed upon between the licensed school nurse, health associate, parent and licensed prescriber (if necessary).
- **District 110 will not to 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. See Medication Administration in the School Setting Procedure for more information.

NOTE: Health Services will not give the first dose of medication to any student.