



**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 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 Information” on the back of this form.*

**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.

*Sign form below and return it with the medication to the school health office.*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**PHYSICIAN SIGNATURE:** \_\_\_\_\_

**Print Physician Name:** \_\_\_\_\_ **Phone/Fax:** \_\_\_\_\_ *Below*

*line for School Health Office Use only:*

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

Waconia High School  
Cynthia Van Kirk, LSN  
Jodi Anderson, RN  
PH: (952)442-0674  
Fax: (952)442-0679

Clearwater Middle School  
Vicki Sorensen, LPN  
PH: (952)442-0654  
Fax: (952)442-0659

Southview Elementary  
Whitney Thulin, LPN  
PH: (952)442-0623  
Fax: (952)442-0629

Bayview Elementary  
Amy Johnson, LPN  
PH: (952)442-0630  
Fax: (952)442-0609

**District 110 – Waconia Schools Medication Information**

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. 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
  - 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

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

**Fax Numbers: High School (952)442-0679, Clearwater Middle School (952)442-0659, 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.** 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 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, parent and physician (if necessary).**
- **District 110 will not administer any "dietary supplements", herb products, or any other products not regulated by the Food and Drug Administration.** The quality and quantity of their 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.
- Due to the number of students requiring medication to be given at school and out of concern for the safety and well-being of all of our students. District 110 Health Services will follow these guidelines regarding the following medications:
  - Central Nervous System Stimulants (Ritalin, Adderall, Concerta, Focalin, Strattera, etc.)
  - Antipsychotics (Abilify, Risperdal, Haldol, Lithium, etc.)
  - Antidepressants (Lexapro, Paxil, Effexor, Prozac, Cymbalta, Zoloft, Wellbutin, Celexa, etc.)

**The parent/guardian is to choose ONE of the following options:**

1. An adult will hand carry the medication to the school health office.
2. An adult will call the student's school health office to alert the School Nurse or Health Associate of the number of tablets that were sent to school with student.

Health Services will count the number of tablets received, store them in a locked cabinet, and administer the correct dosage to the student at the time noted on the, "*Medication Administration and Physician Order*", sheet.