Northome School ISD# 363
School Year 2026-2027
Prescription Medication Authorization – To be completed by Healthcare Provider

Student:_____DOB:_____Grade:_____

Allergies:_____

ICD 10 Diagnosis Code(s):_____

Medication (Include Dosage):_____

Reason:_____

Time to administer:_____

List side effect concerns:_____

Health Care Provider Name:_____

Phone:_____FAX:_____

Health Care Provider Signature:_____Date:_____
**Please attach Action Plan(s) if applicable such as: Asthma/Anaphylaxis/Seizure/Diabetes.

- I request that the above medication be given during school hours as ordered by this student's physician.
- All medication(s) must come to school in the original pharmacy container.
- Whenever possible, medication(s) should be given at home instead of school.
- I release school personnel from any liability in relation to this request when the medication is given as ordered.
- Please notify the nurse if there are any changes in the medication(s) to be given (dosage change/discontinued/hold/etc.) A new order will be needed to make changes.
- I give permission for the school nurse to communicate with teachers/staff about the action and side effects of this medication.
- I give permission for the school nurse to consult with the above named Health Care Provider regarding any questions that arise with regard to the listed medication or medical condition being treated. (This information is private and will be kept confidential).
- **FIELD TRIPS**: I give permission for the assigned teacher/responsible adult to administer the medication on a field trip, as necessary, following school procedure.

Student self-carry authorization for Inhalers/Epi-Pens ONLY:

- I request and authorize my child to self-administer the above medication during school hours (cirlce one): YES / NO
- This medication will be kept (circle one): On-student / In-locker or backpack
- My child is knowledgeable about the medication and has the skills to safely administer.

Parent Signature:_____Date:_____

Please contact the Health Office with any questions or concerns @ 218-897-5275 ext. 156