

BLOOMING PRAIRIE SCHOOL DISTRICT #756

Elementary School
FAX - (507)-583-4415 PHONE - (507)-583-6615

High School
FAX - (507)-583-7952 PHONE - (507)-583-4426

SCHOOL MEDICATION PHYSICIAN ORDER & PARENT AUTHORIZATION

NAME _____ BIRTHDATE _____
Last First Middle

SCHOOL _____ GRADE _____

PHYSICIAN'S ORDER:

I hereby request and authorize you to give:

MEDICATION	DOSAGE	TIME	DURATION
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Diagnosis/reason for medication _____
Other medication student is taking _____
Other recommendations/UNUSUAL side effects _____

Student has the skills to safely possess and use an inhaler
 Student may self-administer medication(not applicable for controlled substances)

Physician's Signature _____ Date ____ / ____ / ____
Physician's Name (Printed) _____ Phone No. _____
Clinic Name _____ Fax No: _____
Clinic Address _____

PARENT/GUARDIAN AUTHORIZATION

1. I request that the above medication be given during school hours as ordered by this student's physician.
2. I release school personnel from any liability in relation to this request when the medication is given as ordered.
3. We will notify the school of any change in the medication (dosage change; medication is discontinued before the time stated in the doctor's order).
4. I give permission for the school nurse to communication with teachers about the action and side effects of this medication.
5. I give permission for the school nurse to consult with the above-named student's physician regarding any questions that arise with regard to listed medication or medical condition being treated by this medication.
6. I give permission for the assigned teacher/responsible adult to administer the medication on a FIELD TRIP, as necessary, following school procedure.
7. My son/daughter may self administer his/her medication (not applicable for controlled substances such as Ritalin, Dexedrine, etc.).

PARENT/GUARDIAN SIGNATURE _____ DATE ____ / ____ / ____

RELATIONSHIP TO STUDENT _____ PHONE NUMBER _____