

BLOOMING PRAIRIE SCHOOL DISTRICT #756

Elementary School

FAX -- (507)-904-7618 PHONE -- (507)-583-6615

High School

FAX -- (507)-904-7618. 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. _____			2024-25 School Year _____
2. _____			
3. _____			
Diagnosis/reason for medication _____			
Other medication student is taking _____			
Other recommendations/UNUSUAL side effects _____			
<input type="checkbox"/>	Student has the skills to safely possess and use an inhaler		
<input type="checkbox"/>	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

- I request that the above medication be given during school hours as ordered by this student's physician.
- I release school personnel from any liability in relation to this request when the medication is given as ordered.
- 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).
- I give permission for the school nurse to communicate with teachers about the action and side effects of this medication.
- I give permission for the school nurse to consult with the above-named student's physician regarding any questions that arise regarding listed medication or medical condition being treated by this medication.
- I give permission for the assigned teacher/responsible adult to administer the medication on a FIELD TRIP, as necessary, following school procedure.
- 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 _____