Caledonia Area Public Schools

Independent School District 299, Caledonia MN 55921
Phone: 507.725.5205 fax: 507.725.3558

Learning Today- Leading Tomorrow

Student Information:

Student Name	Date of Birth	Grade/Teacher
School Year or Effective Dates	Medication/Procedure	Dosage
Time/frequency	Student's Practitioner	

Reason for medication/Procedure

Parent Consent: Complete for Each Medication/Procedure at school
(please review your school's handbook for specific information regarding the medication policy.)

I request that this medication/procedure be administered at school. Medication will be supplied in its original, properly labeled container. This order is in effect for this school year unless otherwise indicated. I will notify the school in writing for any changes and obtain a new practitioner's order. I authorize school personnel to exchange information verbally or in writing with my child's practitioner regarding this medication or the condition for which it is prescribed. I release the school district from any liability claims as a result of the administration of this medication or procedure as directed.

Date	Parent/Guardian Signature	Phone Number

Practitioner's order: Complete for each medication/procedure at school. The above medication/procedure is to be administered during the school day in accordance with the above instructions.

Please contact me if the following symptoms occur:_____

Additional Information: _____

For Asthma inhalers - Student may carry in school: Yes No
For Epinephrine Auto Injectors - Student may carry epi-pen in school: Yes No

Date	Practitioner's Signature	Phone Number