Totino-Grace High School

REQUEST TO ADMINISTER MEDICINE AT SCHOOL

Medication Administration Policy:

Long term prescriptions (2 weeks or more) - requires a written order from a licensed prescriber, written permission from a parent/guardian and the original pharmacy labeled container.

Short term prescriptions (less than 2 weeks) - requires written permission from a parent/guardian and the original pharmacy labeled container.

Non-prescription, long and short term – requires written permission from a parent/guardian and the medication provided in the original labeled container. Administration of non-prescription medication must not exceed labeled directions. Due to space constraints, it is helpful if you can send a smaller sized bottle with your student.

Name of Student			
School			
Diagnosis of Student's Illness			
Medication			
Amount to be given			
Time of day to be given			
Dates to be given			
Side effects			
Print or Type Name of Licensed Prescriber	Licensed Prescri	Licensed Prescriber's Signature	
Licensed Prescriber's Address	Phone	Date	
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I give permission to follow the above medication order and t about my child's medical condition so that they can work tog when signed and dated allows my child's medicine to be add on school field trips and remains current for this school year reaction results from the medication. All medication will be	pether to help my child manage h ministered at school as ordered . I release the school personnel	his/her medical condition. This order, by my child's licensed prescriber and from liability in the event any	
Date	Parent or Guardian S	Signature	
NOTE: Medication must be supplied in original labeled containe two pharmacy labeled containers - one for home and one for school	r and will be kept in the Health Off	1	

Totino-Grace High School, 1350 Gardena Ave, Fridley, MN phone 763.571.9116 fax 763.571.9118