

**Immanuel Lutheran #507  
Courtland, Minnesota  
Phone 507-354-6851 Fax same #, call with fax**

**Authorization for administration of medication at school**

In order to give medication (prescription or over-the-counter) during school hours, parents will need to

- Complete this medication authorization form including a written physician's order and parent signature authorizing staff to dispense medication.
- If a student needs to carry medication with them (e.g. inhalers, epipens) please have the physician identify this in the written order.
- Send medication in the original container with a pharmacy label identifying student name, drug, dosage, time medication should be given, and physician's name. Over the counter medication must be sent in the original container.

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

Grade \_\_\_\_\_

Physician's Order for Administration for Medication by School Personnel

I have prescribed the following for this student and request the dosages be given during school hours.

Medication \_\_\_\_\_

Dose and Time(s) \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Possible side effects \_\_\_\_\_

Diagnosis or reason for medication \_\_\_\_\_

Special Instructions \_\_\_\_\_

If this Medication is to be given as needed, please explain when it should be given:

\_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_

Parent Authorization for Administration of Medication

I hereby give permission for my child to receive medication at school as prescribed by child's doctor, nurse practitioner or dentist. I authorize reciprocal release of information related to the medication between the school nurse and the prescribing health professional.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Daytime phone (work or cell)

\_\_\_\_\_  
Home phone

This form or physician's order may be faxed to the attention of the school nurse at 507-232-3536.