



School Year: \_\_\_\_\_

**CONSENT FOR ADMINISTRATION OF MEDICATION OR PHYSICIAN ORDERED TREATMENT DURING THE SCHOOL DAY**

Parents of students requesting that medication or a medical treatment be administered during school hours by school staff are required to provide for the school: (1) the physician's order, (2) a parental release and (3) medication in the prescribed bottles.

**STUDENT NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

**GRADE** \_\_\_\_\_ **TEACHER** \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

I have prescribed the following medication or treatment for this child and request school personnel administer the dosage/treatment given during school hours.

Medication or Treatment \_\_\_\_\_

Dosage and time of administration \_\_\_\_\_

Purpose or condition for which prescribed \_\_\_\_\_

Remarks \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

\*Your physician may fax this information to our office at 952-906-1229

OR email to nurse@sfhubert.org

**PARENTAL RELEASE FOR ADMINISTRATION OF MEDICATION**

I request that the above medication/treatment be administered to my child as prescribed by the physician. I understand I must provide medication in the original bottle, properly labeled by the pharmacy with the student's name, date, dosage, time and directions for administration. I give permission for the Building Nurse/Licensed School Nurse to consult with my child's physician about any questions regarding the listed medication(s) or medical condition(s) being treated. I understand that the school intends to use the requested information to provide for my child's health and safety needs while at school. I may refuse to supply the requested personal information. The consequence for not providing the information may result in that my child will not be able to take medication during school hours dispensed from the health office. The information I provide will be shared only with staff in the school whose jobs require access to this information to ensure your child's safety and school success.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_