

Minnetonka Public School Health Services Request Form

Administration of Medication at School (Grades 6-12 plus SAIL) School Year: _____

Should this medication
go on a field trip with
your child?

Yes	No

___Daily ___As needed

Parents of a student requesting that medication be administered during school hours by school staff are required to provide for the school: 1) <u>the physician order</u>, 2) <u>a parental release</u> and 3) medication supplies in the <u>original</u> medication bottle (you may ask the pharmacy for medication to be split between two labeled bottles).

Student name:	Date of Birth:	
	Grade/Grad Year:Teach	
Physician's orde	er for administration of medication b	y school personnel
I have prescribed the following medica	ation and request the dosages be given during so	chool hours:
Medication:	Dosage t	to be given:
	Number of unit doses (e.g. ta	
For Treatment of:		
Last date to be given:		
Physician's signature:	Phone:	Date:
Physician's address or Clinic name:		
Parental request for	or administration of medication and	release of information
request this medication be given as pro	to be taken during school hours will a child be g escribed and the above requested information l hool may request additional information from th	be released to the physician
Okay to self-carry? (Inhalers, epinephr	rine pen, ibuprofen, acetaminophen) Yes	No
Parent/Guardian signature:	Daytime phone:	Date:
Minnetonka Middle School East H Minnetonka Middle School West H Minnetonka High School Health O	Health Office Phone (952) 401-5318 F	FAX (952) 401-4010 FAX (952) 401-5350 FAX (952) 401-5728

Phone (952) 401-8223

FAX (952) 401-4014

SAIL Health Office

For School Health Office Use Only

Date medication received	Unit Dosage	Count	Expiration Date	Initials of person receiving
	_			
Initials Sig	natures	Init	tials Signatures	

	Medication Administered									
Date	Time/Dose Administered	Initials		Date	Time/Dose Administered	Initials		Date	Time/Dose Administered	Initials
			-							
			-							