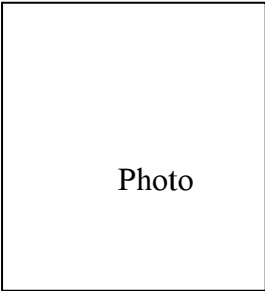


School Year: \_\_\_\_\_

**EDINA PUBLIC SCHOOLS HEALTH SERVICES**

Authorization for Administration of Medication at School

Parents/guardians asking school staff to give medications to their child must provide written permission each school year that has been signed by the parent / guardian (see reverse side for Parental Request signature) and the child's licensed health care provider.



Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

**PHYSICIAN/LICENSED PRESCRIBER'S ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL—To be completed by physician/ licensed prescriber.**

Medical Condition	Medication	Dose	Frequency
<input type="checkbox"/> Pain/discomfort <input type="checkbox"/> Migraine headache <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Acetaminophen po (Tylenol)  <input type="checkbox"/> Ibuprofen po (Advil)	<input type="checkbox"/> 325 mg <input type="checkbox"/> 325-650 mg <input type="checkbox"/> Extra Strength, 500-1000 mg <input type="checkbox"/> other dose _____  <input type="checkbox"/> 200 mg <input type="checkbox"/> 200-400 mg <input type="checkbox"/> other dose _____	<input type="checkbox"/> q 4 hours as needed <input type="checkbox"/> q 4-6 hours as needed <input type="checkbox"/> Other _____
<input type="checkbox"/> Asthma symptoms <input type="checkbox"/> See attached Asthma Action Plan. <input type="checkbox"/> Upper respiratory infection <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Cough	<input type="checkbox"/> Albuterol inhaler <input type="checkbox"/> Inhaler: _____ <input type="checkbox"/> Student has demonstrated knowledge & skills to self-carry & self-administer. _____ <input type="checkbox"/> Nebulizer <input type="checkbox"/> Albuterol <input type="checkbox"/> Other _____	<input type="checkbox"/> 2 puffs prn <input type="checkbox"/> Other: _____  <input type="checkbox"/> One pre-mixed vial <input type="checkbox"/> Dose: _____	<input type="checkbox"/> q 4 hours as needed <input type="checkbox"/> _____ minutes before exercise <input type="checkbox"/> Other: _____
<b>Other medical condition.</b>  1. _____ 2. _____ 3. _____	<b>Please specify medication &amp; route.</b>  1. _____ 2. _____ 3. _____	<b>Please specify dose.</b>  1. _____ 2. _____ 3. _____	<b>Please specify frequency.</b>  1. _____ 2. _____ 3. _____

Physician/Licensed Prescriber Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Prescriber: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

All authorizations expire at the end of the school year or following the summer school session.

**PLEASE TURN OVER AND COMPLETE PARENTAL REQUEST FOR MEDICATION.**

## PARENTAL REQUEST FOR ADMINISTRATION OF MEDICATION

I request that the above medications(s) be given as prescribed. I give Health Services Staff authority to communicate with the ordering physician about the above medication(s). I will inform the school of any change in medication. I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and the action of the medication(s). I release school personnel from any liability in the administration of this medication at school. **I understand that medication will not necessarily be administered by a school nurse.** Please ask for prescription medication to be divided in two bottles completely labeled – one for home and one for school.

### PARENT/GUARDIAN CHECK OFF AND SIGNATURE

- Medication has been provided in the original, appropriately labeled container/bottle.
- Physician/licensed prescriber has written and signed order for medication administration at school.
- Yes  No My student's physician/licensed care provider and I agree that my child needs this medication on fieldtrips.
- Yes  No My student's physician/licensed care provider and I agree that my child should carry and self-administer his/her inhaler.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Return to the School Health Office.

2/26/08