

# Hastings Schools Health Services

## Physician/Licensed Prescriber Order for Administration of a PRESCRIPTION MEDICATION

Hastings School District 200 has a general policy that medications to students should be administered at home by a parent/guardian. Only when a medication is prescribed to be taken daily during school hours will a child be given medication at school.

*Dispensing prescription medications at school requires:*

- 1) *Physician/Licensed Prescriber's written order*
- 2) *Parent/Guardian's signature*
- 3) *Medication supplied in an original pharmacist-labeled container.*

*(Your pharmacist can provide two labeled containers for prescription medications if requested-one for home and one for school.)*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Birth date: \_\_\_\_\_

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**PHYSICIAN/LICENSED PRESCRIBER ORDER**

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

For the treatment of: \_\_\_\_\_ Last date to be given: \_\_\_\_\_

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

Physician/Licensed Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician/Prescriber Name: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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**PARENT/GUARDIAN AUTHORIZATION**

I request that medication be given as prescribed by physician/licensed prescriber. I release school personnel from liability in the event any reaction results from the medication.

If necessary, school personnel may request additional information from the prescriber regarding this medication.

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

Print Parent/Guardian Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**I authorize my child to bring this medication home at the end of the school year.**

Kennedy	McAuliffe	Middle School	Pinecrest	Senior High	Tilden
1175 Tyler (651) 480-7224 fax: (651) 480-7222	1601 W. 12 <sup>th</sup> (651) 480-7392 fax: (651) 480-7392	1000 11 <sup>th</sup> St. W (651) 480-7072 fax: (651) 480-7064	975 W. 12 <sup>th</sup> (651) 480-7286 fax: (651) 480-7282	200 General Sieben (651) 480-7486 fax: (651) 480-7478	855 W. 3 <sup>rd</sup> (651) 480-7353 fax: (651) 480-7351

Date returned to Health Office \_\_\_\_\_ Entered on computer \_\_\_\_\_ Staff signature \_\_\_\_\_ Med available \_\_\_\_\_