



Parkers Prairie Public Schools – ISD #547
Annual Medication Authorization Form
25-26 School Year

This form must be completed annually and signed by both the licensed medical provider and parent/guardian before any medication can be administered during school hours.

STUDENT INFORMATION

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

MEDICATION(S) – Include all prescriptions to be administered during school hours

1. Medication: _____ Dose: _____
2. Medication: _____ Dose: _____
3. Medication: _____ Dose: _____

Diagnosis/Medical Reason for Medications: _____ **ICD-10 Code:** _____

Effective Start Date: _____

Method of Administration: _____

Time to be Given at School: _____

Other Instructions:

HEALTHCARE PROVIDER AUTHORIZATION

I certify that the above medication(s) are necessary during the school day and should be administered as directed.

Provider Name (Printed): _____ **Clinic Name:** _____

Provider Signature: _____ **Phone:** _____

PARENT/GUARDIAN AUTHORIZATION- By signing below, I authorize Parkers Prairie School District to administer the above medication(s) to my child as directed.

1. I request the medication(s) be given during school hours as prescribed.
2. I release school personnel from liability in the event of adverse reactions resulting from taking the medication(s).

3. I give permission for the school to share relevant medication information with teachers and staff.
4. I will notify the school of any changes in the medication(s), (e.g., dosage change, medication discontinued). A new medication authorization is required.
5. I understand medications must be delivered to school in a current, properly labeled container by a parent/guardian. Unused medication must be picked up by the last day of school or it will be disposed of. Students may not transport medication on the bus or to school.
6. I give permission for my child to self-carry their emergency medication (Epi-pens, asthma inhalers) if deemed medically appropriate per MD orders.
7. I give permission for the school to contact the prescribing provider to discuss the medication or condition as needed.
8. I understand that Parkers Prairie Public Schools will not administer medications at the beginning or end of the school day. It is the responsibility of the parent/guardian to ensure medications are given at home before and after school hours. The district will only administer medications during the school day if they are medically required at midday time.

Field Trips: When on a scheduled school field trip, the student/parent will need to communicate with the medication administrator to work on a plan for the medication during the field trip.

Parent/Guardian

Name: _____ **Signature:** _____ **Date:** _____

Relationship to Student: _____ **Phone:** _____

NOTE: All medication must be brought to school by the parent/guardian in the original container. Prescription medication must be labeled with a current prescription for the student by a pharmacist in accordance with law, and must be administered in a manner consistent with the instructions on the label. Mixed dosages in a single container will not be accepted for use at school (for example 5 mg and 10 mg tablets in the same bottle)

Whenever possible, we ask that medications be administered at home. If it is necessary for medication to be administered to your child at school, Minnesota Statute 126.202 requires the school to get permission and pertinent information in order to safeguard the health of students. This applies to both prescription and over-the-counter medication.