

# St. Francis Area Schools

4115 Ambassador Boulevard NW, St. Francis, MN 55070  
763-753-7040 • www.isd15.org

## Administration of Medication

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Parents/Guardians of pupils requesting that medications be administered during school hours, including field trips, by school staff are required to provide to the School (1) the order from licensed prescriber; (2) a parental release; and, (3) medication supplied in the original bottle. (Ask the pharmacist to divide the medication into two bottles with complete labels; one for school and one for home.)

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Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

### *Order from licensed prescriber for administration of medications by school personnel*

I have prescribed the following medications and request that the dosage be given during school hours:

Medication \_\_\_\_\_ Dosage/Time \_\_\_\_\_ Dates \_\_\_\_\_ / \_\_\_\_\_  
Begin End

For treatment of: \_\_\_\_\_

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

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Our clinic would like the following information:

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By (date) \_\_\_\_\_

Unless otherwise specified, all medication will be kept in the health office. If the student is to keep their medication with them, please specify the reason why:

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Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
Licensed Prescriber

Print Name \_\_\_\_\_ Clinic \_\_\_\_\_

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### *Parent/Guardian request for Administration of Medication*

Only when a medicine is prescribed to be taken during school hours, including field trips, will a student be given medication at school. I request this medication be given as prescribed and the above requested information be released to the Licensed Prescriber from the school. If necessary, the school may request additional information from the physician regarding this illness.

Parent/Guardian Signature \_\_\_\_\_

Would you like to be notified by email when your student's medication is getting low?  Yes  No

Email address \_\_\_\_\_