MINNETONKA PUBLIC SCHOOLS

Minnetonka Public School Health Services Request Form
Administration of Medication at School
(Early Childhood)
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) **the physician order**, 2) **a parental release** and 3) medication supplies in the **original medication bottle** (*you may ask the pharmacy for medication to be split between two labeled bottles)*.

Student name: _____ Date of Birth: _____

School: _____ Grade/Grad Year: _____ Teacher: _____

Physician's order for administration of medication by school personnel

I have prescribed the following medication and request the dosages be given during school hours:

Medication: _____ Dosage to be given: _____

Unit dose (strength) provided: _____ Number of unit doses (e.g. tablets, liquid): _____

Time to be given: _____

For Treatment of: _____

Possible side effects: _____

Special Instructions: _____

Last date to be given: _____

Physician's signature: _____ Phone: _____ Date: _____

Physician's address or Clinic name: _____

Parental request for administration of medication and release of information

Only when a medication is prescribed to be taken during school hours will a child be given medication at school. I request this medication be given as prescribed and the above requested information be released to the physician from the school. If necessary, the school may request additional information from the physician regarding this medication/condition.

Parent/Guardian signature: _____Daytime phone: _____ Date: _____

Minnetonka Community Education Center Health Office:

Annie Lumbar Bendson, Licensed School Nurse	Phone	(952) 401-5992	**FAX (952) 401-4002**
Sarah Best, Health Paraprofessional	Phone	(952) 401-5993	**FAX (952) 401-4006**

For School Health Office Use Only

Date medication received	Unit Dosage	Count	Expiration Date	Initials of person receiving

Initials	Signatures	Initials	Signatures

Medication Administered

Date	Time/Dose Administered	Initials		Date	Time/Dose Administered	Initials		Date	Time/Dose Administered	Initials