**PINE RIVER-BACKUS SCHOOLS**
**HEALTH OFFICE**
**PINE RIVER, MN**
**(218) 587-8310 Fax (218) 587-8035**

**School Year _____/_____**

# PHYSICIAN ORDER FOR PRESCRIPTION MEDICATION AND PARENT AUTHORIZATION FORM
**(TO BE RENEWED ANNUALLY)**

Last Name: _____First Name:_____ Date of Birth: _____

Parent(s) /Guardian(s): _____

School: _____ Teacher/Grade: _____ Weight: _____

## PHYSICIAN'S ORDER

I hereby request and authorize you to administer to the above named student:

| | MEDICATION | DOSAGE | TIME | DURATION |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Diagnosis/reason for medication: _____ ICD Code:_____

Other medications this student is taking: _____

_____ _____
Physician's Signature Date

_____ _____
Physician's Name (PRINTED) Physician's Phone #

Clinic: _____ Fax #: _____

## PARENT/GUARDIAN AUTHORIZATION

1. I request that the above medication be given to my child during school hours as ordered by this student's physician.
2. I will immediately notify the school of any change in the medication or physician's order, dosage change, frequency, or duration of administration.
3. I give permission for the school nurse to communicate with other school personnel about the action and side effects of the medication.
4. I give permission for the school nurse to consult with this child's physician concerning any questions that arise with regard to the listed medication, medical condition or side effects of this medication.
5. Field Trips – I give permission for a teacher/responsible adult to administer the medication on a field trip, as necessary, following school procedure.
6. I release all school personnel, ISD #2174, and any responsible adult administering the medication, from any and all liability in the event of any adverse reaction resulting from the use or administration of this medication.

_____ Phone #: _____ Date: _____
Parent(s)/Guardian(s) Signature

Phone #: _____

**PINE RIVER-BACKUS PUBLIC SCHOOLS**
**District Health Office**
**Pine River, Minnesota**

# ADMINISTERING MEDICATION IN SCHOOL

It is not the responsibility of the school or its employees to prescribe drugs, medications, or home remedies. Medications should be administered at home under the supervision of the parent or guardian when possible. However, some students require administration of medications or medical procedures to be performed during the regular school day. In those situations, the following procedure will be followed:

Medication to be administered to a student during the school day must be brought to school by the parent or guardian and left with the designated school representative.

Before any medication will be dispensed by anyone affiliated with the school district, a Physician Order for Prescription Medication and Parent Authorization form or Physician and Parent Authorization for Self-Administration of Medication form which has been signed by the physician and parent or guardian of the student must be on file with the designated school representative. This authorization must include all of the following: The name of the student, name of the medication, dosage to be given, the time or frequency that the medication is to be given, a diagnosis or reason the medication is needed, and a signature from the physician and parent or guardian.

The Physician Order for Prescription Medication and Parent Authorization form or Physician and Parent Authorization for Self-Administration of Medication form must be submitted at the start of the school year or when the medication becomes necessary. Self-administered prescriptions would include but not be limited to such medications as inhalers, epi-pens, insulin, or other emergency medications. (The prescription from the physician must specifically state that the student is to keep the medication on their person and administer the medication themselves.) Controlled substances (i.e. Ritalin) may not be self administered.

Prescription medications must be provided to the designated school representative in a duplicate bottle which has been appropriately labeled by a pharmacist. Prescription medications brought to school in any other container will not be administered. Prescription medications will only be administered to a student if the designated school representative is provided a written statement from a doctor, a prescription bottle with a current, accurate label, and an authorization as discussed above.

Before any over-the-counter medication will be dispensed by anyone affiliated with the school district, an Authorization of Administration of Non-Prescription Medication form which has been signed by a parent or guardian of the student must be on file with the designated school representative. Over-the-counter medications must be provided to the designated school representative in the original labeled container. An over-the-counter medication will only be administered to a student according to the written directions on the bottle, unless contrary written directions from a physician are provided. If there is no specific age-appropriate dosage on the bottle, the medication will not be administered, unless contrary written directions from a physician are provided to the school.

**Aspirin or aspirin-containing products will only be administered upon written direction from a physician.**

The District reserves the right to review the continued use of any over-the-counter medication which has been prescribed by the parent or guardian. The District may require a physician's order for continued use of any over-the-counter medication.

When use of medication has ceased, or is no longer needed by the student, the parent or guardian is responsible to retrieve unused medications from the school. Any unused medications will be disposed of by the school upon the written request of the parent or guardian or at the end of the school year.