



# PARENT PERMISSION AND REQUEST TO ADMINISTER PRESCRIPTION MEDICATION AT SCHOOL 2021-22

Date: \_\_\_\_\_

This form should be updated annually

Medication shall be administered only when the student's health requires medication be given during school hours.

Minnesota State Law (M.S. 126.201) requires medications which are administered at school must be in a container or prescription bottle properly labeled by a pharmacist or physician. Pharmacists should be asked to divide the medication between two containers completely labeled, one for home and one for school.

Our policy on medication requires a written order from a licensed prescriber and authorization from parent/guardian for schools to administer medication. Medications will be kept in a locked cabinet in the health room and be administered by the school nurse or supervised designee.

**School Name: RIVER GROVE: A MARINE AREA COMMUNITY SCHOOL**  
www.marineareaschool.org | info@marineareaschool.org

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## PHYSICIAN/PRESCRIBER: PRESCRIPTION MEDICINE

***I authorize the student below to receive the following medication at school to be dispensed by the school nurse or designated school personnel.***

\_\_\_\_\_ is to receive \_\_\_\_\_  
PATIENT'S NAME MEDICATION AND DOSAGE

at \_\_\_\_\_ for the treatment of \_\_\_\_\_

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

Estimated date of termination: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN/PRESCRIBER'S SIGNATURE DATE

\_\_\_\_\_  
CLINIC NAME PHONE FAX

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## PARENT/GUARDIAN

***I hereby authorize the school nurse or designated school personnel to administer the above medication.***

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

\_\_\_\_\_  
HOME PHONE WORK PHONE CELL PHONE