



MINNEAPOLIS PUBLIC SCHOOLS

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Minneapolis Public Schools Health Related Services



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Authorization for Administration of Medication at School

Parents/guardians asking school staff to give medications to their child must provide (written) permission every school year that has been signed by parent/guardian and the child's health care provider.

Student: _____ BD: _____ ID#: _____

School: _____ School year: _____ Grade/Rm: _____

Physician/licensed prescriber's order for Administration of Medication by School Personnel

NEW 2015-16 School Year: Medical Diagnosis & ICD-10-CM Code MUST be completed by Physician/Licensed Prescriber

Table with 7 columns: Medical Diagnosis, ICD-10-CM Code, Medication, Dose, Time, Route, Possible Side Effects. Rows 1 and 2 are empty.

Other considerations/directions: _____

Start date: _____ Stop date: _____ (All authorizations expire at the end of the school year or following the summer school session.)

Signature of Physician/Licensed Prescriber Print name of Physician/Licensed Prescriber Date

Clinic address Phone Fax

Parent/Guardian Authorization

- 1. I request that the above medication(s) be given during school hours as ordered by my child's physician/licensed prescriber. I also request the medication(s) be given on field trips, as prescribed.
2. I will notify the school of any change in the medication(s), (i.e., dosage change, medication is stopped, etc.).
3. I give permission for the medication(s) to be given by school personnel as delegated, trained, and supervised by the school nurse.
4. Legally, I may refuse to sign for the medication. If I refuse to sign, we will not be able to administer the medication at school.
5. This consent may be revoked at any time, by sending a written notice to the licensed school nurse.

NOTE: Medication must be supplied in original/prescription bottle.

Permission for Release of Information

- 6. I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and the action of the medication(s).
7. I give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions regarding the listed medication(s) or medical condition(s) being treated by medication(s).
8. I give permission for the physician/licensed prescriber to release information related to the above medication(s) and medical condition(s) to the licensed school nurse.

Parent/Guardian Signature Date Relationship to Student

Return to: _____ Phone: _____ Fax: _____ RN, Licensed School Nurse

TO BE COMPLETED BY HEALTH CARE PROVIDER

TO BE COMPLETED BY PARENT/GUARDIAN

Policy Regarding the Administration of Medication in School

For the safety of students, it is recommended that medication be given at home whenever possible. For example; medication prescribed three times a day can be given before school, after school, and at bedtime. Below is a summary of MPS Policy 6692 and Regulations 6692A, 6692B, and 6692C. The complete policies can be found on the MPS website at: http://policy.mpls.k12.mn.us/6000_Learning_Instruction . If medication must be given during school hours, we want you to be aware of the following school medication policy:

1. School personnel can only give medication, both prescription and over-the-counter, with the written order of a physician or other licensed prescriber and the written consent of a parent. School staff will not administer homeopathic or non-traditional medicines, including herbal remedies and dietary supplements. All medications administered by school staff must be FDA approved and listed in the Physicians' Desk Reference (PDR).
2. Prescription medication must be brought to school in a container labeled by the pharmacy. Ask the pharmacist to put the medication in two containers, one for school and one for home. Mixed dosages in a single container will not be accepted for administration at school.
The following information must be on the label:
 - a. Child's full name
 - b. Name and dosage of medication
 - c. Time and directions for administration
 - d. Physician's name
 - e. Current date
3. Over-the-counter medication must be in the original container with the manufacturer's label clearly indicating dosage, instructions and ingredients.
4. Medications should be brought to school by a parent or a responsible adult. If there is medication remaining after treatment or at the end of the school year, please make arrangements for it to be picked up. Parents must notify the school in writing when a medication is discontinued.
5. A new medication consent form is required:
 - a. When the dosage or time of administration is changed
 - b. At the beginning of each school year
 - c. If discontinued medication is restarted
6. The school nurse shall designate appropriate storage for medication following district procedures.
7. Secondary students may self-carry non-prescription pain relievers that do not contain ephedrine or pseudoephedrine products. The parent/guardian of the student will submit a signed Self-Administered Medication consent form for each school year.
8. Students, who have prescribed asthma medication and/or a non-syringe epinephrine injector for a life-threatening allergy, may self-carry their medication if they have written consent from parent/guardian and health care provider and are monitored by the school nurse.

Thank you for your cooperation.

Licensed School Nurse

Health Services Assistant/LPN