

MORA PUBLIC SCHOOLS

Mora Health Office 320-679-6232
District Office 320-679-6200

Independent School District 332 Kanabec County
400 Maple Avenue East
Mora, Minnesota 55051

Authorization for Administration of Medication at School

Whenever possible, medications should be given outside of the school day

Name of Student: _____ Birth date: _____

School: _____ School year: _____ Grade: _____

Medical Condition	Medication/ strength	Dose	Time	Route	Possible Side effects	Start / End dates	Amount sent

Other considerations/ Directions: _____

All medications must be in their original containers and properly labeled with the named student.
Medications cannot be expired.

Parent / Guardian Authorization

1. I request that the above medication(s) be given during school hours as needed.
2. I release the school personnel from liability in the event of adverse reactions resulting from taking medication(s).
3. I give permission for the school nurse to communicate with the student's teachers about the student's health condition(s) and the action of the medication(s).
4. I give permission for the medication(s) to be given by designated personnel as delegated by the school nurse.

Date Parent / Guardian Signature Relationship to Student