Floodwood School District

Home of the Polar Bears

Authorization for Administration of Prescription Medications At School

Floodwood School District requires that all students who need prescription medication during school hours must do the following:

1. Complete this form signed by the parent/Guardian and the physician.
2. Parent/Guardian must bring the medication in the original pharmacy container.

Student Name: _____ Grade: _____ Date of Birth: _____

Medical Diagnosis	ICD-10-CM Code	Medication	Dosage	Time	Route	Frequency	Possible Side Effect

To Be Completed by Parent Guardian:

Parent/Guardian Name: _____

Parent/Guardian Daytime phone number: _____

Emergency Contact: _____

- I request that the above medication be given during school hours as ordered by my child's physician/licensed provider. I also request the medication be given on field trips, as prescribed.
- I will notify the school of any change in the medication (dosage change, medication stopped, frequency).
- I give permission for the medication to be given by school personnel as delegated, trained and supervised by the school nurse.
- 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.
- This consent may be revoked at any time, by sending written notice to the licensed school nurse.
- I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition and the action of the medication.
- I give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions regarding the listed medication or medical condition being treated by medication.
- I give permission for the physician/licensed prescriber to release information related to the above medication and medical condition to the licensed school nurse.

Parent Signature: _____

To be completed by Physician/Licensed Provider:

Physician Name: _____ Physician Clinic: _____

Physician Signature: _____ Physician Phone number: _____