

# Kimball Area Public Schools

Independent School District #739

P. O. Box 368

Kimball, MN 55353-0368

Date \_\_\_\_\_

## Medication Permission Form for the School Year \_\_\_\_\_ - \_\_\_\_\_

Parents/Guardians of students requesting that medication be administered during school hours please read the medication policy found on the schools website under Nurse info and provide:

1. A physician's order
2. A parent release
3. Medication in the labeled Original Bottle

Student Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade: \_\_\_\_\_

### To be completed by Physician

I request the following medication for this student to be given during school hours:

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Specific time(s) and dose(s) to be given at school: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Student Allergies: \_\_\_\_\_

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

Other medications currently taking: \_\_\_\_\_

-If inhaler/EpiPen medication, how often can the dose be repeated? \_\_\_\_\_

-If so, is the student capable and responsible to self administer or carry their own inhaler/EpiPen?

No \_\_\_\_\_ Yes, supervised \_\_\_\_\_ Yes, unsupervised \_\_\_\_\_

Name/Address of Clinic: \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

\_\_\_\_\_  
Printed name of Physician

\_\_\_\_\_  
Signature of Physician

### To be completed by Parent/Guardian

I, \_\_\_\_\_, request Kimball Schools personnel to administer the above medication as directed, to my child during school hours. I have read and understand Kimball's Medication Administration Policy, and release Kimball Schools personnel from liability in the event of reactions resulting in the use of the medication. I also give my permission for the nurse to contact the doctor as necessary regarding administration of this medication.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's signature

\_\_\_\_\_  
Phone number

Nurse Phone: 320-398-7700 X 2404 Elementary & High School Fax: 320-398-5595  
Nurse E-mail: [dana.narr@kimball.k12.mn.us](mailto:dana.narr@kimball.k12.mn.us)