

# MAHNOMEN PUBLIC SCHOOL

Mahnomen High School  
Phone (218) 935-2213  
Fax (218) 935-5921

Mahnomen Elementary  
Phone (218)935-2581  
Fax (218) 935-5827

## Request to Administer Medication at School

Please complete the following information and return to student's school.

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent \_\_\_\_\_ Phone \_\_\_\_\_

Name of Medication \_\_\_\_\_ Reason for medication: \_\_\_\_\_

Dosage \_\_\_\_\_ Time of Day \_\_\_\_\_ Route of administration: \_\_\_\_\_

Special Instructions \_\_\_\_\_ Allergies: \_\_\_\_\_

Termination Date \_\_\_\_\_ Side Effects \_\_\_\_\_

- The school nurse, teacher, or person designated by the school nurse is authorized to administer the above medication as directed.
- By signing this form, I authorize the release of my child's health information to Mahnomen school staff and request that this medication is administered to my child.
- I authorize the prescriber and the school nurse to exchange information necessary for the safe administration of this medication.
- I release school personnel from liability in the event adverse reactions result from medication(s) and/or treatment(s)/procedure(s).
- **ADDITIONAL INFORMATION:**  Student may carry/self administer his/her inhaler.  
 Student may carry/self-administer his/her epi-pen.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic number

\_\_\_\_\_  
Name of Clinic

\_\_\_\_\_  
Clinic fax number

**No Medications (Including "over-the-counter" meds such as Tylenol) will be given unless PARENT AND PHYSICIAN have given consent.**

*A supply of the properly labeled prescription from the pharmacy should be left at school. It is the parent's responsibility to supply medications for administration to the school and gather medication supply when discontinues or at the end of the school year (whichever is first). Medications that are left after the school year will be destroyed.*

Please fax this completed form to appropriate number above