



Minnetonka Public School Health Services

Administration of Over the Counter (OTC) Medication
At School Request Form

(Grades K - 12)

School Year: _____

Parents of a student requesting that medication be administered during school hours by school staff are required to provide for the school: **a parental release** and medication supplies in the **original medication bottle clearly labeled with the student's name.**

Student name: _____ Date of Birth: _____

School: _____ Grade/Grad Year: _____ Teacher: _____

Parental request for administration of medication

I request this medication be given as instructed:

_____ Daily

_____ As needed

Medication: _____ Dosage _____

For Treatment of: _____

Possible side effects: _____

Administering instructions: _____

Other instructions: _____

Parent/Guardian signature: _____ Daytime phone: _____ Date: _____

Clear Springs Elementary Health Office	Phone (952) 401-6954	FAX (952) 401-4019
Deephaven Elementary Health Office	Phone (952) 401-6904	FAX (952) 401-6906
Excelsior Elementary Health Office	Phone (952) 401-5655	FAX (952) 401-5657
Groveland Elementary Health Office	Phone (952) 401-5604	FAX (952) 401-5606
Minnewashta Elementary Health Office	Phone (952) 401-5504	FAX (952) 401-5506
Scenic Heights Elementary Health Office	Phone (952) 401-5404	FAX (952) 401-4011
Minnetonka Middle School East Health Office	Phone (952) 401-5210	FAX (952) 401-4010
Minnetonka Middle School West Health Office	Phone (952) 401-5318	FAX (952) 401-5350
Minnetonka High School Health Office	Phone (952) 401-5771	FAX (952) 401-5728

