



Minnetonka Public School Health Services Request Form

Administration of Medication at School

(Grades K - 5)

School Year: _____

Should this medication go on a field trip with your child?

Yes _____ No _____

____ Daily ____ As needed

Parents of a student requesting that medication be administered during school hours by school staff are required to provide for the school: 1) **the physician order**, 2) **a parental release** and 3) medication supplies in the **original medication bottle** (you may ask the pharmacy for medication to be split between two labeled bottles).

Student name: _____ Date of Birth: _____

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

Physician's order for administration of medication by school personnel

I have prescribed the following medication and request the dosages be given during school hours:

Medication: _____ Dosage to be given: _____

Unit dose (strength) provided: _____ Number of unit doses (e.g. tablets, liquid): _____

Time to be given: _____

For Treatment of: _____

Possible side effects: _____

Special Instructions: _____

Last date to be given: _____

Physician's signature: _____ Phone: _____ Date: _____

Physician's address or Clinic name: _____

Parental request for administration of medication and release of information

Only when a medication is prescribed to be taken during school hours will a child be given medication at school. I request this medication be given as prescribed and the above requested information be released to the physician from the school. If necessary the school may request additional information from the physician regarding this medication/condition.

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

Clear Springs Elementary Health Office
 Deephaven Elementary Health Office
 Excelsior Elementary Health Office
 Groveland Elementary Health Office
 Minnewashta Elementary Health Office
 Scenic Heights Elementary Health Office

Phone (952) 401-6954
 Phone (952) 401-6904
 Phone (952) 401-5655
 Phone (952) 401-5604
 Phone (952) 401-5504
 Phone (952) 401-5404

FAX (952) 401-4019
 FAX (952) 401-6906
 FAX (952) 401-5657
 FAX (952) 401-5606
 FAX (952) 401-5506
 FAX (952) 401-4011

For School Health Office Use Only

Date medication received	Unit Dosage	Count	Expiration Date	Initials of person receiving

Initials	Signatures	Initials	Signatures
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medication Administered										
Date	Time/Dose Administered	Initials		Date	Time/Dose Administered	Initials		Date	Time/Dose Administered	Initials