



MOORHEAD AREA PUBLIC SCHOOLS

Health Services

Probstfield Center for Education
2410 14th St S., Moorhead, MN 56560
www.moorheadschoos.org

• **Supervisor:** 218.284.3811

• **Fax:** 218.284.3333

MEDICATION REQUEST FORM

Administrative Procedure: 532.2

Date Adopted: 11/13/2009

Dates Reviewed: 6/8/2015

Section: 500 STUDENTS

Date Revised: 6/8/2015

Student Name	Birthdate	School	Grade	Date Today
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SCHOOL MEDICATION AND HEALTH CARE SERVICES ARE ADMINISTERED FOLLOWING THESE GUIDELINES:

- Parent signed and dated authorization to administer the medication.
- Medication in the pharmacy labeled container or the manufacturer's labeled container.
- Medication label contains the student name, medication, directions for use and date.
- Annual renewal of authorization and immediate notification in writing of any changes.

Medication/Healthcare	Dosage	Route	Time Given During School
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Administration Instructions

Diagnosis/ICD-10 Code

_____ STUDENT IS KNOWLEDGEABLE ABOUT THIS MEDICATION AND MAY SELF-ADMINISTER.

Licensed Prescriber Signature

Date

Licensed Prescriber Address

Emergency Phone Number

PARENT PORTION: I request this student be given the medication at school and school activities by qualified staff according to instructions. The student has experienced no serious previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know. I agree to provide safe delivery of medication to and from school, and pick up remaining medication or it will be properly destroyed. All students are responsible to report to the health office for medication unless self-medication is recommended.

Parent/Guardian Signature

Date

Home Address

Home Phone Number

Additional Information