

Hastings Schools Health Services

Parent/Guardian Request for Administration of a NON-PRESCRIPTION MEDICATION

Dispensing FDA approved over-the-counter medications at school requires:

- 1) Written authorization from parent/guardian
- 2) The medication supplied in original container by parent/guardian

**If more than 10 doses of medication to be given throughout school year,
physician/licensed prescriber authorization must be obtained.**

Student Name: _____ Grade: _____ Teacher: _____ Birth date: _____

I authorize designated school personnel to dispense to my child the following medication(s). I release school personnel from liability in the event any reaction results from the medication(s).

Medication Name: _____ **Dose:** _____ **Frequency:** _____

For treatment of: _____ Special Instructions: _____

Medication Name: _____ **Dose:** _____ **Frequency:** _____

For treatment of: _____ Special Instructions: _____

Medication Name: _____ **Dose:** _____ **Frequency:** _____

For treatment of: _____ Special Instructions: _____

If necessary, school personnel may request additional information from the prescriber regarding this medication.

Parent/Guardian Signature: _____ **Date:** _____

Day time Phone: _____

I authorize my child to bring this medication home at the end of the school year.

St. John the Baptist
111 West Main Street
Vermillion, MN 55085
(651) 437-2644
fax: (651) 437-9006

Pine Harbor
11125 West Point Douglas
Road- PO Box 54
Hastings, MN 55033
(651) 493-7526
fax: (651) 493-2576

SEAS
600 Tyler Street
Hastings, MN 55033
(651) 437-3098
fax: (651) 438-3377

Date returned to Health Office _____ Entered on computer _____ Staff signature _____ Med available _____