

Hastings Schools Health Services

Physician/Licensed Prescriber Order for Administration of a **PRESCRIPTION MEDICATION**

Hastings School District 200 has a general policy that medications to students should be administered at home by a parent/guardian. Only when a medication is prescribed to be taken daily during school hours will a child be given medication at school.

Dispensing prescription medications at school requires:

- 1) Physician/Licensed Prescriber's written order
- 2) Parent/Guardian's signature
- 3) Medication supplied in an original pharmacist-labeled container.

(Your pharmacist can provide two labeled containers for prescription medications if requested-one for home and one for school.)

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

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PHYSICIAN/LICENSED PRESCRIBER ORDER

Medication: _____ Dose: _____ Time: _____

For the treatment of (Medical Diagnosis): _____ (ICD - 10 Code) _____

Last date to be given: _____

Possible side effects: _____

Physician/Licensed Prescriber Signature: _____ Date: _____

Print Physician/Prescriber Name: _____

Clinic: _____ Phone: (_____) _____

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PARENT/GUARDIAN AUTHORIZATION

I request that medication be given as prescribed by physician/licensed prescriber. I release school personnel from liability in the event any reaction results from the medication.

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

Parent/Guardian Signature: _____ Date: _____ Print

Parent/Guardian Name: _____ 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 _____