

# 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.**

<b>Kennedy</b> 1175 Tyler (651) 480-7224 fax: (651) 438-0048	<b>McAuliffe</b> 1601 W. 12 <sup>th</sup> 651-480-7395 fax: (651) 480-7392	<b>Middle School</b> 1000 W. 11 <sup>th</sup> St. (651) 480-7072 fax: 651-480-7064	<b>Pinecrest</b> 975 W. 12 <sup>th</sup> (651) 480-7286 fax: (651) 480-7282	<b>Senior High</b> 200 General Sieben (651) 480-7486 fax: (651) 480-7490
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Date returned to Health Office \_\_\_\_\_ Entered on computer \_\_\_\_\_ Staff signature \_\_\_\_\_ Med available \_\_\_\_\_