



**Minnetonka Public School Health Services Request Form**

Administration of Medication at School

(Grades 6-12 plus SAIL)

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.

Okay to self-carry? (Inhalers, epinephrine pen, ibuprofen, acetaminophen) Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Date: \_\_\_\_\_

Minnetonka Middle School East Health Office  
Minnetonka Middle School West Health Office  
Minnetonka High School Health Office  
SAIL Transition Program Health Office

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