

Glencoe-Silver Lake Public Schools
Prescription Medication/Treatment Authorization Form

Student Name _____ DOB _____ Date _____

Diagnosis/Significant Findings: _____

ALLERGIES: _____

Medication Required During School Hours					
Medical Condition	Medication	Strength	Time	Route	Possible Side Effects
1.					
2.					
3.					

***Medication MUST be supplied in the original, CURRENT manufacturer or prescription container**

***Please only provide school with medication that MUST be given during the school day. At home administration is preferable**

Treatments/Procedures Required During School Hours (e.g., Peak flows, blood glucose monitoring, catheterization, suctioning, ventilator care, dressing changes)			
Medical Condition	Treatment/Procedure	Time(s)/Frequency	Special Instruction
1.			
2.			

ADDITIONAL INFORMATION:

- ☐ Student may carry/self administer his/her inhaler.
- ☐ Student may carry/self administer his/her epi-pen injector.
- ☐ Student may carry/self administer _____ (Please identify)

****A Physician's order is required.**

Physician's Signature _____ Date _____

Clinic Name _____ Phone Number _____

I understand that by signing below this authorizes the LSN or nurse in the building my student attends to contact my physician regarding this plan. The nurse will also provide a copy of this plan to appropriate school personnel as is necessary for my child's safety and well being. I will also keep the school district updated of any changes to this plan or contact information. I release school personnel from the liability in the event any reaction results from the administration of this medication.

Parent/Guardian Signature _____ Date _____

Prescription Medication/Treatment Authorization Form

District Office – 1621 E 16th St. Glencoe, MN 55336 – 320-864-2499 Fax 320-864-6320
Glencoe-Silver Lake High School (Grades 9-12) – 1825 E 16th St. Glencoe, MN 55336 – 320-864-2400 Fax 320-864-6475
Lincoln Junior High (Grades 7-8) – 1621 E 16th St. Glencoe, MN 55336 – 320-864-2455 Fax 320-864-2475
Lakeside Elementary (Grades 3-6) – 229 Lake Ave. Silver Lake, MN 55381 – 320-864-2500 Fax 320-327-3122
Helen Baker Elementary (Grades K-2) – 405 E 16th St. Glencoe, MN 55336 – 320-864-2666 Fax 320-864-2682

GLENCOE-SILVER LAKE SCHOOLS

OVER-THE-COUNTER MEDICATION ADMINISTRATION AUTHORIZATION FORM

Student _____ Date _____ Date of Birth _____

Parent/Guardian _____

School _____ Grade _____ Teacher _____

To Authorized School Personnel:

I hereby request and authorize you to administer to _____ (student's name)

Name of Medication _____

Dosage _____ Student's Weight _____

Allergies _____

Time (or Frequency) _____

Reason for Use _____

All medication must be supplied in the manufacturer's labeled bottle that is current and up-to-date. Please only provide medication that is absolutely necessary to be given during the school day. At home medication administration is preferable.

I release school personnel from the liability in the event any reaction results from the administration of this medication.

Parent/Guardian Signature _____ Date _____

Work Phone _____ Cell _____ Home _____

*District Office – 1621 E 16th St. Glencoe, MN 55336 – 320-864-2499 Fax 320-864-6320
Glencoe-Silver Lake High School (Grades 9-12) – 1825 E 16th St. Glencoe, MN 55336 – 320-864-2400 Fax 320-864-6475
Lincoln Junior High (Grades 7-8) – 1621 E 16th St. Glencoe, MN 55336 – 320-864-2455 Fax 320-864-2475
Lakeside Elementary (Grades 3-6) – 229 Lake Ave. Silver Lake, MN 55381 – 320-864-2500 Fax 320-327-3122
Helen Baker Elementary (Grades K-2) – 405 E 16th St. Glencoe, MN 55336 – 320-864-2666 Fax 320-864-2682*