

PREScription

MEDICATION AUTHORIZATION FORM

School District policy states that prescription medication may not be given to students unless a written request from the parent with the physician's signature is on file in the school office. This form is valid for the current school year & will need to be updated annually.

Medication must be in the original labeled container. The prescribed medication label must include the child's name, physician name, dosage of medication, and the manner prescribed. Each medication will require a separate medication form. You may fax the form(s) to the Campbell-Tintah School Office (218) 630-5881. If there are any questions, please contact the School Office and ask for the health assistant at (218) 630-5311.

Sincerely,

Molly Hamer
Student Health Assistant

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Name of Pupil: _____ Birth Date: _____ Grade: _____

Diagnosis _____

Specific Drug Dosage:

Drug Name: _____

Time of day and frequency of dosage: _____

Date covered by this order: _____

Possible side effects: _____

Allergies: _____

I request that the above medication be given at school as prescribed by our physician. I also give permission for the physician to be contacted by the school nurse as needed.

Parent Signature: _____ Date: _____

Physician Authorization:

Physician Signature: _____ Date: _____

Printed Name: _____ Clinic: _____ Phone: _____