

Hastings Schools Health Services

Physician 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's written order
- 2) Parent's signature
- 3) Medication supplied in an original pharmacist-labeled container.
(Your pharmacist will provide two labeled containers for prescription medications if requested-one for home and one for school.)

Student Name: _____ Grade: _____ Birthdate: _____

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PHYSICIAN ORDER

Medication: _____ Dose: _____ Time: _____

For the treatment of: _____ Last date to be given: _____

Possible side effects: _____

Physician Signature: _____ Date: _____

Print Physician Name: _____

Clinic: _____ Phone:(_____)

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PARENT/GUARDIAN AUTHORIZATION

I request that medication be given as prescribed by physician. 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 physician 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.

Kennedy 1175 Tyler 438-0815 fax:438-0613	McAuliffe 1601 W. 12 th 437-6607 fax:438-0617	Middle School 1000 11 th St. W 437-3045 fax: 438-0707	Pincrest 975 W. 12 th 438-0836 fax:438-0614	Senior High 200 General Sieben 480-0301 fax:480-8126
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Date returned to Health Office _____ Entered on computer _____ Staff signature _____ Med available _____