

# Medication Authorization Form

## Parkers Prairie Elementary School

(Only if medication is needed)

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**Student Name**

**Birth date**

**Grade**

**Date**

- Medication must be brought to school by a parent. Please do not send medication with your child.
- Medication must be in a properly marked bottle that is left at school.
- No medications will be administered without the proper permission and information.
- School personnel will keep medication in a locked location and will record the administration of medication.

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**Medication**

**Dosage**

**Time given at school**

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**Instructions/side effects/restrictions**

### Parent Portion

I request that the above medication(s) be given during school hours as ordered by physician/licensed prescriber. I also request the medication be given on field trips, as prescribed. I release school personnel from liability in the event adverse reactions result from taking the medication(s). I will notify the school of any changes in the medications(s), (ex. Dosage change, and medication disc.)

Whenever possible, we ask that medications be administered at home. If it is necessary for medication to be administered to your child at school, Minnesota Statute 126.202 requires the school to get permission and pertinent information in order to safeguard the health of students. This applies to both prescription and over-the-counter medication.

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**Parent/Guardian Signature**

**Date**