

2023-24
HEALTH INFORMATION

STUDENT NAME _____

PARENT'S NAME _____

ADDRESS _____

PHONE NUMBERS - HOME _____ **WORK** _____ **CELL** _____

SPECIFIC HEALTH CONDITION, IF ANY _____

MEDICATION, IF NEEDED _____

PHYSICIAN'S NAME _____

ADDRESS _____

PHONE NUMBER _____

WHO TO CALL IN AN EMERGENCY, IF UNABLE TO CONTACT PARENT:

PHONE NUMBER _____

I give permission for School District #547 to share this information with the Parkers Bus Company and my child's bus driver.

YES _____ **NO** _____

PARENT'S SIGNATURE _____

**2023-24
PARKERS PRAIRIE DISTRICT 547
ADMINISTERING PRESCRIPTION MEDICATIONS**

Dear Parent/Guardian:

Due to Minnesota Statute 126.202 pertaining to the administration of drugs and medicine, both prescription and non-prescription, the following information is pertinent to our student data files. Please complete the following and return within 2 days of verbal request for the school to administer medications.

Parkers Prairie Public Schools have my permission to administer the following medications to:

Student's Name _____ **Grade** _____

Medication _____

Dosages/Times to be given _____

Possible Side Effects _____

Please ask your pharmacist to properly label an extra bottle to be used only at school. Each member of the family must have their own prescription bottle with name and correct dosage listed. This only needs to change if the prescription is changed. If a medication is prescribed for longer than a 2 week period, a written order from a physician is required.

The following administrator-appointed school personnel will be administering the above listed medication and will record this data: **Mike Johnson, Jennifer Martin, Darcy Peppersack, Becky Revering and Lizz Tvrdik.**

Parent/Guardian Signature _____ **Date** _____

Home Phone _____ **Work Phone** _____ **Cell** _____

In Case of Emergency (Name) _____

Phone _____

***MY CHILD MAY BE GIVEN THE FOLLOWING WHEN NEEDED:**

YES _____ **NO** _____

ALEVE (naproxen sodium) BENADRYL IBUPROFEN TYLENOL
(Please circle your preference)

***MY CHILD MAY KEEP TYLENOL/IBUPROFEN IN THEIR LOCKER:**

YES _____ **NO** _____

Parent Signature _____ **Date** _____