

Aitkin Independent School District #1
Parent Request for School Personnel to Dispense Medication for Minors

- ✓ Whenever possible, medication should be given at home and every effort should be made to avoid school hours
- ✓ Parent will notify the school of student's need for medication during school hours.
- ✓ Written authorization from a parent is required for all medications. A physician signature is required for prescription medications and over the counter medications required to be given in a way different from the product label.
- ✓ The medication must be in the original bottle. You may ask the druggist to divide prescription so one is for home and one is for school. The bottle shall have the identification of the student, the name of the physician, and name and dosage of the drug.
- ✓ Dispensing of the drug shall be done by authorized school personnel.
- ✓ The school reserves the right to request a medical statement to verify the need for medication during the school day.
- ✓ For the safety of your child and other students, medication must be stored in the nurse's office and should not be carried by a student except for special circumstances.

PLEASE COMPLETE THE REQUEST FORM BELOW. THIS MUST ACCOMPANY THE MEDICATION TO THE SCHOOL. WITHOUT THIS FORM THE MEDICATION WILL NOT BE GIVEN.

I request that my child _____, grade _____ receive the medication as prescribed by our physician. The medication is to be furnished by me as required by board policy. I understand that the district is rendering a service and does not assume any responsibility for this matter. I release the school personnel from liability in the event any adverse reaction results from the named medication.

Parent Signature _____

Phone Number _____

Date _____

Name of Student _____

Diagnosis _____

Name of Medication _____

Dose/Route _____

Time to be taken during school hours _____

Expected Discontinue Date _____

Possible Side Effects _____

Other recommendations _____

Doctor's Name _____

Phone _____

Doctor's Signature _____

Date _____

The completed form may be faxed to 218-927-4608 for grades k-6 and 218-927-4234 for grades 7-12. Please send to the attention of the school nurse.