



FISHER SCHOOL Phone (218) 891-4105 Fax (218) 891-4251

**This form must be turned in to the school health office before your child will be given medications during school hours by Fisher School staff.**

Dear Parent or Guardian,

When a child needs medication administered during the school day, a parent or guardian and physician (or person licensed to prescribe) must both give written permission for school personnel to administer the medication. The medication must also be in an original labeled container with the child's name, physician, and directions for use. Do not substitute other containers.

Please complete the information below for your child's medication record.

I grant permission for school personnel to administer medication.

Child's Name: \_\_\_\_\_

Medication name and dose: \_\_\_\_\_

Directions for use: \_\_\_\_\_

Condition requiring medication: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Physician or Person Licensed to Prescribe,

A written physician's order is required by school administration to give any medication (including antibiotics and over the counter) that a student needs to take during school hours. **For all PRN OTC meds, we must have a specific reason for this medication to be given.**

Please complete the information below for the student's medication record:

Student's Name \_\_\_\_\_

Medication \_\_\_\_\_

Dose & Route \_\_\_\_\_

Time \_\_\_\_\_

Reason for medication \_\_\_\_\_

Please check if student is able to carry this medication with them. (inhalers, emergency meds, etc.)

\_\_\_\_\_  
Physician's or Person Licensed to Prescribe Signature

\_\_\_\_\_  
Date

Thank you for your cooperation!

*Melissa*

*Hayes RN, PHN, LSN*

Polk County Public Health  
218.281.3385