

New Richland-Hartland-Ellendale-Geneva Public Schools

Independent School District No. 2168



District Office

306 Ash Avenue South
New Richland, MN 56072
(507)465-3206
Fax (507)465-8633
Michael Meihak, Superintendent

Secondary School

306 Ash Avenue South
New Richland, MN 56072
(507)465-3205
Fax (507)465-8633
Grant Berg, Principal

Elementary School

600 School Street
Ellendale, MN 56026
(507)684-3181
Fax (507)684-2108
Craig Kopetzki, Principal

Empowering students with knowledge and skills to succeed

Consent Form for Administration of Prescription Medication during the School Day

Student Name _____ Birth date _____
Grade _____ Teacher _____

Provider Order:

I hereby request and authorize you to give:

Medication	Dosage	Time	Duration
1. _____			
2. _____			
3. _____			
4. _____			

Inhalers and Epi-Pens: Has this child received instruction and permission for self-administration? Yes ___ No ___

Provider

Signature _____ Date _____

Print Provider

Name _____ Phone# _____

Clinic Name &

Address _____ Fax# _____

Parent/Guardian Authorization for prescription medication:

1. I request that the above medication be given during school hours as ordered by this student's healthcare provider.
2. I release school personnel from any liability in relation to this request when the medication is given as ordered.
3. We will notify the school of any change in the medication. (dosage change, medication is discontinued before the time stated in the physician's order)
4. I give permission for the school nurse to have communication with teachers about the action and side effects of this medication.
5. I give permission for the school nurse to consult with the above named student's healthcare provider regarding any questions that arise with regard to the listed medication or medical condition being treated by this medication.
6. Field trips-I give permission to the assigned teacher/responsible adult to administer the medication on a field trip, as necessary.
7. I release school personnel from any liability in relation to the proper administration of this medication at school. (Administration will be done by the school nurse or staff member designated by the school nurse)
8. I release school personnel from any liability if the medication is not given to the school nurse/office personnel and stored in the health office.
9. I understand the medication must be supplied in the original container.

Signature of

parent/guardian _____ Date _____