

**Monticello Public School District 882  
Medication Authorization Form**

Middle School Health Office  
Phone: (763) 272-2120  
**MMS Fax: (763) 272-2109**

High School Health Office:  
Phone: (763) 272-3020  
**MHS Fax: (763) 272-3009**

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_ Route: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Possible Side Effects: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

**Physician's Signature\*:** \_\_\_\_\_

\*Medication order may also be faxed to health office (see fax numbers above).

**PARENTAL REQUEST FOR ADMINISTRATION OF MEDICATION:**

I request the above medication be given as prescribed and I give the Health Services Staff authority to communicate with the ordering physician. I release school personnel from any liability in the administration of this medication at school. I understand the medication will be administered by the designated personnel as delegated by the school nurse.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Students in 9-12th grade only: may possess and use over-the-counter medications*** in a manner consistent with the labeling ***if parental authorization has been received***. I request my child keep it in his/her locker. This medication may not contain ephedrine or pseudoephedrine. All rules are understood and will be followed (see back of form). I release the school personnel from liability in the event of any reactions resulting from this medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MONTICELLO PUBLIC SCHOOLS POLICY REGARDING ADMINISTRATION OF  
MEDICATION IN SCHOOL:**

1. Administration of medication by school personnel will only be done according to the written order of a licensed physician or other licensed prescriber (Physician's Assistant, Certified Nurse Practitioner, Dentist, or Psychiatrist) and/or with written parental authorization.
2. Parents must provide all medication for their child. Prescription medications must be in the correct pharmacy-labeled container and over-the-counter medications must be in their original, non-expired container. You can ask your pharmacist for a separate medication bottle for school. Medications brought in unlabeled bottles, baggies, etc or without proper authorization will not be given.
3. Prescription medications (with the exception of EpiPens or inhalers) must be kept in the school health office with the following on the pharmacy label: student's full name, medication name and dosage, time and directions for administration, and provider's name. The date must be current.
4. **For student's in 6-8th grade**, over-the-counter medications can be given if supplied by the parent as noted above and with parental authorization. The over-the-counter medication will be administered according to parental authorization but must not exceed the dosing per packaging instructions. A physician order is needed to administer an over-the-counter medication beyond the recommended dosage.
5. **High School Students (grades 9-12) may possess and use over-the-counter pain relievers in a manner consistent with the labeling.** The *medications cannot contain ephedrine, pseudoephedrine, or alcohol as an ingredient.* The school district must receive written authorization from the student's parent/guardian permitting the student to self administer the medication. The medication must be kept in the student's locker and kept in the original container. The student may not give this medication to another student under any circumstances. This privilege may be revoked if the district determines that the student is abusing this privilege.
6. New medication consent forms (with physician and parental authorization) must be received annually with the start of each school year.
7. If your child has an inhaler or EpiPen, your child may self carry these but we still need written physician and parent authorizations. Please provide the health office an updated Asthma Action Plan and/or Allergy Action Plan at the start of each school year.
8. Prescriptions for antibiotics for 14 days or less can be administered without a written physician's order providing all other policy requirements are met (with written authorization from a parent).
9. Please know it is usually possible to manage medications at home. For example, medication prescribed three times/day can be given before school, after school, and bedtime.
10. This medication policy does not cover medications needed before or after school or during summer school. **It is the parent/guardian's responsibility to contact the supervising teacher or coach if their child has a medical concern and/or needs medication during these times.**