

**NEW PRAGUE AREA SCHOOLS**  
**Health Services**  
**Medication Administration Form**

Purpose: In order to assure the health and safety of students, this form needs to be completed. A student will only be given medication during school hours, when it is properly prescribed, by a licensed health care provider and requested by a parent.

Procedure: Provide the following for Health Services:

1. A licensed Health Care Provider's Order (DDS, MD, NP, PA).
2. Parent/Guardian request for medication administration.
3. The medication-supplied in the original bottle (ask pharmacist to divide prescription into two bottles) completely labeled-one for school and one for home.

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Circle School: High School - Middle School - Eagle View - Falcon Ridge - Raven Stream -  
- St. Wenceslaus - Holy Cross -

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**Health Care Provider's Order for Medication Administration in School**

*This order for medication administration in school is for the above student only.*

**Medication:** \_\_\_\_\_ **Dose:** \_\_\_\_\_ **Time:** \_\_\_\_\_ \*

*\*If medication is to be given at lunchtime-please write "lunch" for time.*

**Begin date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Student's Diagnosis or for the treatment of:** \_\_\_\_\_

**Possible Side Effects:** \_\_\_\_\_

**Other special instructions or helpful information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*\*If this is an inhaler or bee sting allergy kit may student carry this with him/her? Yes No*

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinic Name and Address (print):** \_\_\_\_\_

**Clinic Telephone Number:** \_\_\_\_\_

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**Parent/Guardian Request for Medication Administration**

I request the above medication to be given as prescribed. My signature also authorizes information to be released to and from the above health care provider to and from the school, regarding the above medication/diagnosis/treatment.

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

*Properly trained staff, not always the Licensed School Nurse, will administer medication. This information may be shared with school staff as needed. Thank you for your cooperation and attention to this health information. Please call 952-758-1760 with questions or comments.*