

**Ortonville Public School
PRESCRIPTION MEDICATION
FORM**

PHYSICIAN ORDER FOR MEDICATION AND PARENT/GUARDIAN AUTHORIZATION FORM
(TO BE RENEWED ANNUALLY)

Student _____ Date of Birth _____

Parent/Guardian _____ Teacher/Grade _____

PHYSICIAN'S ORDER

I hereby request and authorize you to administer to the above-named student:

MEDICATION

DOSAGE

TIME

DURATION

1. _____
2. _____
3. _____

Diagnosis/Medical reason for medicine: _____ **ICD-10 Code**

Other medications this student is taking: _____

Allergies: _____

Other recommendations/unusual side effects: _____

Physician's signature _____ Date _____

Print physician's name _____ Phone No. _____

Clinic _____ Fax No. _____

PARENT/GUARDIAN AUTHORIZATION

1. I request that the above medication be given to my child during school hours as ordered by this student's physician.
2. I will immediately notify the school of any change in the medication or physician's order, dosage change, frequency, or duration of administration.
3. I give permission for the school nurse to communicate with other school personnel about the action and side effects of the medication.
4. I give permission for the school nurse to consult with this child's physician concerning any questions that arise with regard to the listed medication, medical condition or side effects of this medication.
5. I release all school personnel and the Ortonville Public Schools from any and all liability in the event of any adverse reaction resulting from the use or administration of this medication.
6. The school intends to use the requested information to provide for your child's health and safety needs while at school. You may refuse to supply the requested personal information. There will be no consequence for not providing the information. It may result in an incomplete health and safety plan for your child. The information you provide will be shared only with staff in the school whose jobs require access to this information to ensure your child's safety and school success.
7. Field Trips:
 - a) I give permission for a teacher/responsible adult to administer the medication on a field trip, as necessary, following school procedure.
 - b) I release all school personnel, the Ortonville Public Schools, and any responsible adult administering the medication from any and all liability in the event of any adverse reaction resulting from the use or administration of this medication.

(Parent/Guardian Signature & date) Phone No. _____ (Cell) _____

(W) _____