Faithful Shepherd Catholic School and Tri-Parish Center
3355 Columbia Drive Eagan, MN 55121
Phone 651-406-4747 Fax 651-406-4743

Medication Authorization Form

Written parent authorization is required for all medication given during school hours. A licensed prescriber's signature is also required for any medication given for longer than two weeks, and for all doses of medication in certain categories (controlled medications). By completing this form you are authorizing the school nurses to administer medications as directed in writing by your physician for the school year.

- Medication must be sent to school in a current, labeled prescription bottle or in the original over-the-counter container
- Medication will be started when ALL required signatures are received
- Please use one form per medication, per student.

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School Year: ____________________

Student Name ______________________________ Grade/Teacher: ________________

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PHYSICIAN/PROVIDER MEDICATION ORDER

Diagnosis: ____

Medication: ____

Dosage and Frequency: ____
(Exact dosage times of daily medications will be determined by consultation with school nurse)

Special Instructions/notable side effects: ____

Return to Clinic Date: ____________________

Physician/Provider Signature: ______________________________ Date: __________________

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PARENTAL PERMISSION FOR MEDICATION ADMINISTRATION

Name of Physician/Provider and Clinic ____

Phone: __________________

I give permission to school personnel to administer medication and release them from liability in the event of reactions resulting from its use. In addition, I authorize the school nurse to contact my child's clinic/MD for the purpose of clarifying a medication order.

The nurse may discuss my child's diagnosis/medication with his/her teacher: Yes No

Parent/Guardian Signature _________________________________ Date: ___________________
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