

**NO PRESCRIPTION MEDICATION SHALL BE GIVEN  
WITHOUT THIS FORM**

**ST. MARY'S ELEMENTARY SCHOOL -- TRACY MN 56175  
225 6<sup>th</sup> St., Tracy MN 56175  
507-629-3270 -- FAX: 507-629-3518**

**PRESCRIPTION MEDICATION AUTHORIZATION AND INSTRUCTIONS:** No prescription medication can be given at school without written permission from the student's parent or legal guardian **and** written authorization from a physician or authorized provider.

All prescription medicines dispensed in school must be sent to school in the current, original, labeled container from the pharmacy or drugstore, and must be labeled with the child's name and proper dosage to be given. **All prescription medications need to be brought in by the parent and not the child.**

**PLEASE USE A SEPARATE MEDICATION FORM FOR EACH MEDICATION**

Name of child \_\_\_\_\_ DOB \_\_\_\_\_

**needs the following medication during school hours:**

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Given at (time(s)): \_\_\_\_\_

For Treatment of : \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_

Precautions to observe and report: \_\_\_\_\_

\_\_\_\_\_

Prescribers Name: \_\_\_\_\_

Prescriber's Phone: \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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I request that the above medication be given at school as noted above.

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