# BARNUM PUBLIC SCHOOLS - ISD #91
# MEDICATION CONSENT FORM

Student: _____ Birth Date: _____ Grade: ____

Parent/Guardian: _____ Phone: _____

## PARENT/GUARDIAN AUTHORIZATION:

1. I request that my child receive _____(name of medications) as prescribed by his/her physician in the form below. I also request that the medication be given on field trips, as prescribed.
2. I understand I must provide this medication in a container appropriately labeled by the pharmacy or physician.
3. I understand that medication must be delivered to the school by parent or other designated adult.
4. I understand that I must notify the school in writing when the medication is discontinued or dosage or time is changed.
5. I give permission for the medication to be given by school personnel as delegated by the school nurse.
6. I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and the action of the medication(s).

_____ _____
Parent/Guardian Signature Date

## PERMISSION FOR RELEASE OF INFORMATION

1. I give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions or concerns regarding the listed medications or medical conditions.
2. I give permission for the physician/licensed prescriber to release information related to the above medications and medical conditions to the school nurse.

_____ _____
Parent/Guardian Signature Date

## PHYSICIAN ORDER: (To be completed by physician/licensed prescriber)

I request that my patient receive the following medication. I understand that dosages given during school hours will be given by school personnel which may not be a licensed nurse.

Medication/Dosage/Route/Time to be taken during school hours:

1._____

2._____

Diagnosis/Condition for which this medication is needed:

1._____ ICD-10-CM code: _____

2._____ ICD-10-CM code: _____

Possible side effects/adverse reaction:

1. _____

2._____

_____ _____
Physician/Licensed Prescriber Signature Date

Please send completed form to: School Nurse Fax: 218-389-3259 (high school) 218-389-9842 (elementary school)