

MEDICATION PERMISSION FORM

School District #877 Buffalo – Hanover – Montrose

The BHM School District Medication Policy requires a licensed prescriber signature for all prescription medication and a parent/guardian signature on all medications given during school hours. By completing this form you are authorizing the health office to administer medications as directed in writing by you and/or your licensed prescriber 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.

Name of Student: _____ Birthdate: _____

School: _____ School Year: _____ Grade: _____

Medical Condition/ ICD 10 CM	Medication	Strength (per tablet/ml)	Dose (total # of tablets or ml)	Time(s) Frequency	Route	Start Date	Stop Date

Print Name of Physician/Licensed Prescriber

Signature of Physician/Licensed Prescriber

Clinic Name/City

Fax Number

Phone Number

Date

(Exact dosage times of daily medications will be determined upon consultation with school nurse)

.....
PARENTAL PERMISSION FOR MEDICATION ADMINISTRATION

I am giving permission to school personnel to administer medication and release them from liability in the event of reactions resulting in its use. In addition, I authorize health services to contact my student's clinic/ licensed prescriber for the purpose of clarifying a medication order. I understand that my student's teacher may be consulted in regard to this diagnosis or medication usage to assure his/her safety. I agree to contact the licensed school nurse at my student's school in the event I do not want this information shared.

Parent/Guardian Signature _____ Date _____

Timarie Leahy, Licensed School Nurse, Grades K-5, 763-682-8818 or t Leahy@bhmschools.org
Sandy Vajda, Licensed School Nurse, Grades PreK, 6-8, 763-682-8211 or c vajda@bhmschools.org
Cassandra Byrne, Licensed School Nurse, Grades 9-12 & Pride Transitions, 763-682-8120 or c byrne@bhmschools.org