

Belgrade-Brooten-Elrosa School Health Services

Phone: 320-254-8211 x 1211
Health office fax: 320-254-3783

MEDICATION ADMINISTRATION CONSENT
(TO BE RENEWED EACH SCHOOL YEAR)

Student _____ Date of Birth _____
Parent Name _____ Student Grade _____

Physician's or Authorized Prescriber's Order

MEDICATION	DOSE	TIME	START & END DATE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Diagnosis/Medical Reason for Medicine: _____ ICD-10 _____

Allergies: _____

Other recommendations/restrictions/unusual side effects: _____

The student is both capable and responsible for self-administering this medication: (subject to school policy)
_____ NO _____ YES, supervised _____ YES, unsupervised

Healthcare Provider Signature (Rx) _____ Date _____

Print HCP name _____ Phone # _____

Clinic _____ Fax # _____

Parent/Guardian Authorization

1. I request that the above medication be given to my child during school hours as ordered by this student's healthcare provider (HCP). I understand I must provide prescription medications in an original pharmacy container with a current label. Over-the-counter (OTC) preparations must be provided in the original, labeled container. *A controlled prescription medication must be brought to school by a parent/guardian.*
2. I understand that whenever possible medication should be given at home and every effort should be made to avoid giving medication during school hours.
3. I understand that the school will administer only FDA approved medications.
4. I understand that the school nurse or other designated person will administer the medication.
5. I give consent for information to be released from the school and from our physician concerning this medication.
6. I give permission for this information to be released to school personnel. The information provided will be shared only with the staff in the school whose jobs require access to the information to ensure your child's safety and school success.
7. I understand that the school district is rendering a service and does not assume any responsibility for this matter.
8. I understand that this consent is only for medication administration during school days during regular school hours.
9. I understand that a parent/guardian can pick up the remainder of the medication at any time. Any unused medications will be disposed of by the school at the end of the school year if not picked up.

(Parent/Guardian Signature) _____ Date _____

Mobile Phone

Work Phone

Policy for Administering Medications to Students

Prescription Medication

- Prescription medication will only be given at school if medically necessary; every effort should be made to avoid medications during school hours.
- No prescribed medication will be given without a healthcare provider's (HCP) written authorization and written permission from parent(s) or guardian(s).
- When prescribed medication is to be administered by school personnel, the school should have written, dated, and signed order from HCP, including: student's name, name of medication, dosage, route, frequency, purpose of medication, side effects, and termination date for administration.
- The school nurse may request to receive further information about the prescription, if needed, prior to administration of the substance.
- Prescription medication must come to school in a container labeled for the student by the pharmacist in accordance with law, and must be administered in a manner consistent with the instruction on the label.
- A written request form the parent(s) or guardian(w) authorizing school personnel to comply with HCP's order is necessary prior to administration of medication.
- A "School Consent Form for Administration of Medication" must be completed annually and/or when a change in the prescription or requirements for administration occurs.
- Prescription medication as used in this policy does not include any form of medical cannabis as defined in [Minn. Stat. § 152.22, Subd. 6.](#)

Non-Prescription Medication

When non-prescription (over-the-counter - OTC) medication is to be administered by school personnel:

- The school shall have written permission from the parent or guardian before medication is administered. Written permission must include: name of medication, dosage, route, time to be administered, reason medication is required in school, and termination date for administration.
- All medication must be brought to school in the original container and administered in a manner consistent with the instructions on the label, unless contrary written directions from the HCP are provided. Sample sizes are recommended. BBE Schools will not provide any OTC medications.
- The school nurse may request to receive further information about the request, if needed, prior to administration of the substance.

Secondary Students (Grade 6-12) and Nonprescription Pain Medication

- A secondary student may possess and use nonprescription pain relief in a manner consistent with the labeling if the school district has received written authorization from the student's parent or guardian.
- The parent or guardian must submit written authorization annually.
- The school district may revoke a student's privilege to possess and use nonprescription pain relievers if the school district determines that the student is abusing the privilege.
- This provision does not apply to the possession or use of any drug or product containing ephedrine or pseudoephedrine as its sole ingredient or as one of its active ingredients.
- **ELEMENTARY SCHOOL STUDENTS WILL NOT BE ALLOWED TO SELF-ADMINISTER NONPRESCRIPTION MEDICATIONS.**

All medications will be stored in the Health Office and administered by designated school personnel. (Exceptions to this requirement: asthma medication, Epi-Pens, and non-prescription pain medications for secondary students.)

Students are allowed to carry and self-administer asthma medications and Epi-Pens according to the school policy. See medication policy for specific guidelines.

Belgrade-Brooten-Elrosa School District, ISD 2364
District Office
710 Washburn Ave
Belgrade, MN 56312
320-254-8211

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