

REDWOOD COUNTY PUBLIC HEALTH SERVICE
266 E BRIDGE STREET ♦ REDWOOD FALLS, MN 56283
PHONE 507/637-4041 ♦ FAX 507/637-4046

WEBSITE: http://www.co.redwood.mn.us/County_Departments/Public_Health/public_health.htm

MEDICATION AUTHORIZATION FORM

STUDENT NAME _____ Date of Birth _____ Grade _____ School _____

DIAGNOSIS _____ Physician _____

MEDICATION _____ **ALLERGIES (FOODS OR MEDICINES):**

DOSAGE/ROUTE _____ no _____

TIME/FREQUENCY _____ yes _____ **Please List:** _____

DATES COVERED BY ORDER _____

I REQUEST THE ABOVE MEDICATION BE GIVEN AT SCHOOL: (Cell) _____

* PARENT'S SIGNATURE _____ Date _____ Phone (Home) _____ (W) _____

PHYSICIAN AUTHORIZATION (If applicable):

Please ✓ if student is both capable & responsible for SELF-ADMINISTERING this medication: (subject to school policy)

No Yes

* MD/PA/NP Signature _____ Date _____ Fax _____

Phone _____

MEDICATION POLICY

- School District policy states that medication may not be given to a student unless a written request from the parent is received. Each student will need their own form for each medication to be given.
- **Prescription** medication must be in a properly labeled bottle including the student's name, physician, name and dosage of medication, and route. A physician signature is required.
- **Non-prescription** medication must be in the original labeled bottle and age appropriate for student. This does not need a physician signature unless there are indications to do so.

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RN-PHN Signature _____ Date _____