

Beacon Academy 9060 Zanzibar Lane N Maple Grove, MN 55311

Fax Number (763) 416-3682

School Year 2009 – 2010

Beacon Academy is authorized by Friends of Education,
EX0-01-A, 200 East Lake Street, Wayzata, MN 55391

Student Name: _____ Grade: _____ Birth date: _____

Administration of Medication in the School by Designated Staff

Please complete the information below for Physician Order/Authorization and Parent/Guardian Request for Administration of Medication by School Personnel. This form MUST be completed for both prescription and over-the-counter medications.

You must supply a new unopened package of over-the-counter medication. Prescription medication must be in the original pharmacy container, completely labeled.

Medication: _____ Dose: _____

Time of Administration: _____ Frequency: _____

Missed morning dose of this medication, may be given at school with:

Parent/Guardian permission _____ (initial) or student request _____ (initial)

For treatment of: _____ Possible side effects: _____

Last date to be given: _____

Medication allergies: _____

Print Physician Name: _____ Phone: _____

Physician Signature: _____ **Date:** _____

I, the parent/guardian, request this medication be given as prescribed. I release school personnel from any liability in the administration of this medication at school. I understand that I am responsible for communications with the health care providers ordering this medication. **I understand that this medication will not be administered by a school nurse.**

Parent/Guardian Signature: _____ **Date:** _____

Print Parent Name: _____

Home Phone: _____ Work Phone: _____

To promote safety for your child, medication information may be shared with school personnel working with your child and with 911 personnel, if they need to be contacted.