BRAHAM AREA PUBLIC SCHOOLS DISTRICT 314
HEALTH OFFICE
(320) 396-5210

PHYSICIAN ORDER AND PARENT AUTHORIZTION FOR MEDICATION FORM
MUST BE RENEWED ANNUALLY

Student____ Date of Birth _____________________

Parent/guardian ____

School (circle): Braham Area Elementary Braham Area High School Teacher/grade________________

PHYSICIAN ORDER

I request and authorize you to administer the following medication to the above named student:

Medication	Dose	Time	Route	Diagnosis	Side effects

Other medication student is taking____

Physician Signature_____________________________ Date: ________________

Print Physician Name____________________________ Phone:_______________

Clinic____ Fax:_________________

Comments:

PARENT/GUARDIAN AUTHORIZATION

1. I request that the above medication be given to my child during school hours as ordered by this student's physician.
2. I will immediately notify the school of any change in the medication or physician's order, dosage change, frequency, or duration of administration.
3. I give permission for the school nurse to communicate with other school personnel about the action and side effects of the medication.
4. I give permission for the school nurse to consult with this child's physician concerning any questions that arise with regard to the listed medication, medical condition or side effects of this medication.
5. I release all school personnel and I.S.D. 314 from any and all liability in the event of any adverse reaction resulting from the use or administration of this medication.

Parent/guardian signature ________________________________ date_________ phone#1_______________________ #2 _____________________

6. **FIELD TRIPS-** I give permission for a teacher/responsible adult to administer the medication on a field trip, as necessary, following school procedure.
7. **I release all school personnel, I.**S.D. 314 and any responsible adult administering the medication from any and all liability in the event of any adverse reaction resulting from the use or administration of this medication.

Parent/guardian signature________________________________ date__________