School Health Services

ISD 2909 Rock Ridge Public Schools 411 South 5th Ave Virginia MN 55792

		Phone	Fax
Parkview Learning Center	_____	218-742-3821	218-741-8522
Roosevelt Elementary	_____	218-742-3918	218-741-8522
Virginia High School	_____	218-742-3918	218-741-8522
Nelle Shean Elementary	_____	218-744-7776	218-744-4381
Franklin Elementary	_____	218-744-7711	218-744-4381
Eveleth Gilbert High School	_____	218-744-7711	218-744-4381

MEDICATION AUTHORIZATION TO SELF-ADMINISTER & SELF-CARRY

Student Name:_____DOB: _____Grade: _____ Date: _____

Medical Diagnosis/Reason for medication at school:_____

MEDICATION	DOSE	TIME TO BE GIVEN

Other considerations / directions: _____

It is acceptable for this student to carry medication on his/her person: Yes___No___

It is acceptable for this student to self-administer as directed: Yes___ No___

Start date: _____Stop date: _____ (All authorizations expire at the end of the school year)

Physician/Licensed Prescriber Signature:	Date:
Physician Printed Name:	
Health Care Facility	Fax: Phone:

I request and authorize _____ to be responsible for his/her medication on his/her own person and to self-administer medication. I release school personnel from liability should inappropriate usage and/or reactions result from taking the medication(s). I understand all medication needs physician authorization and will be monitored by the school nurse. **By signing this form parents/guardians provide authorization for their child's health care provider noted above via medical records to send medical forms/information via fax, phone, or mail directly to the ISD 2909 Rock Ridge Public School Nurse requesting information.**

Parent/Legal Guardian Signature: Relationship to Student: Date:

_____ _____ _____