



215 DIVISION STREET E. - MAPLE LAKE, MN 55358

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MEDICATION PERMISSION FORM

St. Timothy's School in conjunction with Maple Lake School District's Medication Policy requires a physician signature for all prescription medications given during school hours. By completing this form you are authorizing the office to administer medication as directed in writing by your physician during the school year.

Student Name _____ Grade _____

Physician Medication Order

Diagnosis is _____

Medication & Dosage _____

Frequency/Time of Dosage _____

Other instructions _____

Physician Signature _____ Date _____

Physician's Name(Please print) _____

Clinic _____ Phone _____

Parent/Guardian Permission For Medication Administration

I request the medication described above be given to my child at school. I understand that the medication must be provided to the school in the **original, properly labeled container from the pharmacy or physician.** (Duplicate containers can usually be obtained from the pharmacy-one for home and one for school.) I also understand that any changes in these orders will need to be accompanied by a new authorization form.

Signature of Parent/Guardian _____ Date _____

Home or Daytime Telephone Number _____