



Medication Request

300 17th Street North, Moorhead, MN 56560 • Phone: 218-236-0500 • Fax: 218-236-7301

All prescribed medication must have a doctor's instructions and signature on this form.
All over-the-counter medication needs only a parent signature.

Student's Name (Last, First)

Teacher/Grade

Date

To administer any medication the school must have **all** of the following:

- a parent signed, dated authorization to administer the medication
- the medication is in the **original labeled container** as dispensed or the manufacturer's container
- the medication label contains the student's name, name of the medication, directions for use and date
- Licensed Prescriber Signature, date and instruction on all prescription medication
- Annual renewal of authorization and immediate notification, in writing, of changes

Medication

Dosage

Time to administer

☐ Oral ☐ Inhaled ☐ Topical ☐ Eye ☐ Ear ☐ Nebulized ☐ other: _____

Administration Instruction: _____

Diagnosis: _____

Prescriber Information

Licensed Prescriber Name and Clinic (please print)

Date

Licensed Prescriber Signature

Emergency Phone

Parent Information

I request the above student be given the medication at school and school activities by qualified staff, according to the prescription or nonprescription instructions and record maintained. The student has experienced no serious previous side effects from this medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know. I agree to provide safe delivery of medication to and from school and pick up remaining medication or it will be properly destroyed. All students are responsible to go to the health office for medication.

Parent Name

Phone

Parent Signature

Date

Medication Distribution Sheet (2025-2026)

Daily _____ PRN _____

Name _____ Grade/Teacher _____ School Year _____

Medication- Name, dosage, route, time and specific instructions																																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Aug	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					X	X	X	
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					X	X	X	
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					X	X	X	
Sep	X					X	X						X	X						X	X						X				X	
	X					X	X						X	X						X	X						X				X	
Oct				X	X						X	X				X	X	X	X						X	X						
				X	X						X	X				X	X	X	X						X	X						
				X	X						X	X				X	X	X	X						X	X						
Nov	X	X	X					X	X						X	X						X	X					X	X	X	X	
	X	X	X					X	X						X	X						X	X					X	X	X	X	
	X	X	X					X	X						X	X						X	X					X	X	X	X	
Dec						X	X						X	X						X	X							X	X	X	X	
						X	X						X	X						X	X							X	X	X	X	
						X	X						X	X						X	X							X	X	X	X	
Jan	X	X	X	X						X	X						X	X	X	X					X	X						X
	X	X	X	X						X	X						X	X	X	X					X	X						X
	X	X	X	X						X	X						X	X	X	X					X	X						X
Feb	X						X	X					X	X	X	X					X	X						X	X	X	X	
	X						X	X					X	X	X	X					X	X						X	X	X	X	
	X						X	X					X	X	X	X					X	X						X	X	X	X	
Mar	X						X	X						X	X					X	X							X	X			
	X						X	X						X	X					X	X							X	X			
	X						X	X						X	X					X	X							X	X			
Apr			X	X	X	X	X	X			X	X						X	X	X						X						X
			X	X	X	X	X	X			X	X						X	X	X						X						X
			X	X	X	X	X	X			X	X						X	X	X						X						X
May		X	X						X	X						X				X								X	X	X	X	X
		X	X						X	X						X				X								X	X	X	X	X
		X	X						X	X						X				X								X	X	X	X	X

Sign and date at bottom only once to identify initials.

Signature of Person Administering	Initials	Date

Amt Received	Date

Disposition:	Date	Date
Depleted		
Discontinue		
# Destroyed		
# Returned		

A=Absent
X=No School
O=Not Given