Community Christian School
Authorization for ADMINISTRATION OF MEDICATION

320-235-0592 FAX: 320-235-0620

STUDENT INFORMATION		
Student Name		DOB
School	Grade/Teacher	School Year
Known Allergies		

CONTACT INFORMATION	
Parent/Guardian Name	Phone

MEDICATION INFORMATION			
Medication	Dose	Route	Time
Diagnosis/Reason for this medication		ICD-10 code	
Medication	Dose	Route	Time
Diagnosis/Reason for this medication		ICD-10 code	
Medication	Dose	Route	Time
Diagnosis/Reason for this medication		ICD-10 code	

If this RX is for an MDI (Inhaler) and the student is at least 7 years old OR for an EPI-PEN and the student is at least 12 years old please complete the following:

- ☐ **Student should carry and may self administer his/her inhaler**
- ☐ **Student should carry and may self-administer his/her epi-pen**

PRESCRIBING HEALTH PROFESSIONAL– *Complete this section for both PRESCRIPTION and OVER-THE-COUNTER MEDICATION. This includes Nursing Services for medication monitoring & education of prescribed medications*	
Provider Signature	Date
Printed Name	Phone
Clinic	FAX

PARENT/GUARDIAN AUTHORIZATION–I request that the above medication be given to my child during school hours as ordered by the student's licensed provider. I will immediately notify the Health Office of any change in medication orders. I authorize the release of this information to school personnel whose jobs require access to ensure my child's safety and school success. I release all school personnel and the school district from any and all liability in the event of an adverse reaction resulting from the administration of this medication. I give permission for a teacher/responsible party to administer medication on a field trip, following school procedure. My signature permits Health Office Personnel to consult with the student's licensed prescriber regarding questions related to the medical condition and/or medication.

Parent/Guardian Signature	Date

LSN Initials _____

Revised: 08.27.2026

WPS/CCS Contact Information

Building	Address	Phone	FAX
ALC	512 8th St SW	320-214-6692	320-235-5352
Focus House	611 5th St SW	320-231-8500	320-231-8504
Jefferson Learning Center	1234 Kandiyohi Ave SW	320-231-8400	320-231-5484
Kennedy Elementary	824 7th Street SW	320-214-6688	320-235-9536
Lakeland Elementary	1001 Lakeland Drive SE	320-263-5020	320-263-5030
Lake Park School	768 North Creek Drive	320-214-6696	320-235-3654
Lakeview	2301 Transportation Road	320-214-6698	320-231-5480
Prairie Lakes Education Center	1804 Civic Center Drive	320-214-6696	320-235-3694
Roosevelt Elementary	1800 19th Ave SW	320-231-8470	320-231-1170
WEAC	611 5th St SW	320-231-8500	320-231-8504
Willmar Middle School	209 Willmar Ave SW	320-214-6000	320-235-1254
Willmar Senior High	2701 30th St NE	320-231-8300	320-231-8460
Community Christian School (CCS)	**1300 19th Ave SW**	**320-235-0592**	**320-235-0620**

Please FAX signed document to the ATTN: Annette/Kelly K.

Parents please note the following concerning Medication Policy and the administration of Medication in the school setting.

- ➔ **All prescribed medication** must be brought to school ***in the original container.*** Prescription medication must be labeled for the student by a pharmacist in accordance with law, and must be administered in a manner consistent with the instruction on the label. **Pharmacies will divide medication in two labeled bottles, one for home and one for school, upon request.**
- ➔ **Over-the-Counter (OTC) medications** must come to the school health office in its original container
- ➔ Medication must be dropped off in the Health Office by a responsible adult. Do not send medication with the student.
- ➔ School policy requires that the school be notified immediately by the parent or student 18 years or older, in writing of any change in the student's prescription medication orders. A new Medical Authorization and container label with the new pharmacy instructions are required as well.
- ➔ School staff will administer the medication on a field trip, as necessary and according to school policy
- ➔ ALL unused, discontinued, or outdated medications shall be returned to the parent/legal guardian. IF the parent/guardian does not pick up these medications at the end of the school year or as otherwise requested, the medication will be disposed of according to school policy.

Thank you!

Kelly Kallevig, Health Office ParaProfessional
320-235-0592 X107
kkallevig@willmarccs.org

Annette Sietsema, MAN, BAN, LSN
CCS School Nurse
320-231-8492 X6851
sietsemaa@willmar.k12.mn.us