

**REQUEST FORM FOR  
TEXTBOOKS, STANDARDIZED TESTS, AND  
INDIVIDUAL INSTRUCTIONAL MATERIALS**

School Year Ending June 2021

The State of Minnesota has authorized local public school districts to loan textbooks, standardized tests and individualized instructional materials to pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries. These materials must be secular in nature, designed primarily for individual use by the pupil in a particular class or program in the school the pupil regularly attends, and must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 14, 2020.**

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of School: St. Mary of Mt. Carmel Catholic School

I do request that textbooks, standardized tests, and individualized instructional materials be provided on loan to the above pupil this school year.

I **do not** wish to request the loan of any materials this school year.

**Verification of Use:** I hereby verify that the textbooks and individualized instructional material requested are to be used by the pupil named above in a course of instruction in that pupil's elementary or secondary school.

\_\_\_\_\_  
Signature of Pupil, Parent or Guardian

\_\_\_\_\_  
Date

PLEASE RETURN SIGNED FORMS TO THE NONPUBLIC SCHOOL WHEN COMPLETED.

**REQUEST FORM FOR  
DISTRICT PUPIL HEALTH SERVICES**

School Year Ending June 2021

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries, access to the existing district Pupil Health Services program. These services must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 14, 2020.**

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of School: St. Mary of Mt. Carmel Catholic School

I do request that the district's Pupil Health Services program be made available to the above pupil this school year.

I **do not** wish to request Pupil Health Services this school year.

\_\_\_\_\_  
Signature of Pupil, Parent or Guardian

\_\_\_\_\_  
Date

PLEASE RETURN SIGNED FORMS TO THE NONPUBLIC SCHOOL WHEN COMPLETED.



# St. Mary of Mt. Carmel School

425 Central Avenue, Long Prairie, MN 56347  
 320-357-0814 ~ [ldinkel@stmaryslp.org](mailto:ldinkel@stmaryslp.org)

## DOCTOR'S ORDERS FOR ADMINISTRATION OF SCHOOL MEDICINE 2020-2021

**PLEASE FILL OUT ALL ITEMS**

\_\_\_\_\_  
 Student's Name Grade \_\_\_\_\_

\_\_\_\_\_  
 Medication Duration the medication is taken \_\_\_\_\_

\_\_\_\_\_  
 Dosage/Times to be given Route of administration \_\_\_\_\_

\_\_\_\_\_  
 Possible side effects

\_\_\_\_\_  
 Condition being treated

\_\_\_\_\_  
 Doctor's Signature Date \_\_\_\_\_

\_\_\_\_\_  
 Doctor's Address Doctor's Phone Number \_\_\_\_\_

### PARENT AUTHORIZATION FOR ADMINISTRATION OF MEDICINE IN SCHOOL BY STUDENT

I give my permission for \_\_\_\_\_ to self-administer the medication indicated  
*Name of Student*  
 above in accordance with the dosage, times, route of administration and duration stipulated. I release school  
 personnel from the liability in the event any reaction results from medication.

\_\_\_\_\_  
**Parent/ Guardian Signature** **Date**

### PARENT AUTHORIZATION FOR ADMINISTRATION OF MEDICINE IN SCHOOL

I give my permission for St. Mary's school to administer the above medication to  
 \_\_\_\_\_ at \_\_\_\_\_ I release  
*Name of Student* *(Times)*  
 St. Mary's personnel from liability in the event a reaction results from the medication.

\_\_\_\_\_  
**Parent/ Guardian Signature** **Date**