



Dear Parent or Guardian:

It is the policy of the Waukee Community School District that whenever a student should have a prescription medication or over-the-counter medication administered by school staff, written authorization and instruction must be provided by a parent or legal guardian.

All over-the-counter medication **MUST** be in the original container. Prescription medication **MUST** be in a properly labeled container issued by a registered pharmacist with the following information:

1. Name of medication
2. Dosage
3. Time medication is to be given at school
4. Name of student
5. Prescribing physician

Please complete the bottom portion of this form and return to the school nurse.



\_\_\_\_\_ is to be given the following medication at school.  
(name of student)

<u>Name of Medication</u>	<u>Dosage</u>	<u>Time</u>	<u>Prescribed by</u>
_____	_____	_____	_____
_____	_____	_____	_____

How long is this medication to be given? Date from \_\_\_\_\_ To \_\_\_\_\_

Is your child allergic to any medication? YES NO If yes, explain: \_\_\_\_\_

Are there any special instructions? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date