

**WAUKEE COMMUNITY SCHOOL DISTRICT
PERMISSION FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

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

Name _____ Birthdate _____

Teacher (elementary only) _____ Grade _____

*Medication _____ *Dosage _____ *Time _____

*Start Date _____ *Stop Date _____ or End of school year

*Medication _____ *Dosage _____ *Time _____

*Start Date _____ *Stop Date _____ or End of school year

*Medication _____ *Dosage _____ *Time _____

*Start Date _____ *Stop Date _____ or End of school year

Allergy to Medication/s (circle one) No Yes _____

Special instructions? (use back of form if necessary) _____

When medication complete or at the end of the school year:

____ Send medication home with student

____ Parent will pick medication up

____ Dispose of medication

Parent/Guardian Signature _____ Date _____

Prescription Medication count:

Date	Time	Medication/Reason	Initials

Nurse/Medication Administrator

Signature/Title _____ Initials _____

Signature/Title _____ Initials _____

