

Administration of Medication to Students - Parental Authorization and Release Form

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

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Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Teacher (elementary only) \_\_\_\_\_ Grade \_\_\_\_\_

\*Medication \_\_\_\_\_ \*Dosage \_\_\_\_\_ \*Time \_\_\_\_\_

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\*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

\*Disposal of unused, discontinued/recalled, or expired medication shall be in compliance with federal and state law as stated in policy 504.31

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

Medication Count:

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Table with 4 columns: Date, Time, Medication/Reason, Initials. Contains 4 empty rows for data entry.

Nurse/Medication Administrator

Signature/Title \_\_\_\_\_ Initials \_\_\_\_\_

Signature/Title \_\_\_\_\_ Initials \_\_\_\_\_

