

**IOWA CITY COMMUNITY SCHOOL DISTRICT
(SECONDARY)
PARENTAL PERMISSION FOR ADMINISTERING
OVER THE COUNTER/NONPRESCRIPTION
MEDICATION AT SCHOOL**

Student name _____ Grade _____

Medication _____

Reason for medication _____

Amount of dose _____

Time to give medication _____

Special instructions _____

I request that this medication be administered by a qualified staff person according to the written directions given. I agree that medication information may be shared with school personnel who need to know. I understand the law provides that there shall be no liability for damages as a result of the administration of medication where the person administering the medication acts as an ordinary reasonably prudent person would under the same circumstances and that the school district and the school nurse are to incur no liability, except for gross negligence, as a result of injury arising from the administration of medication. I will comply with the procedure listed on the back of this form related to the administration of medication at school.

Parent/Guardian name _____

Signature _____

Date _____

Home Phone _____

Work Phone _____

MEDICATION WILL NOT BE GIVEN IF IT HAS EXPIRED OR IT HAS AN IMPROPER LABEL. PLEASE CHECK THE CONTAINER BEFORE SENDING IT TO SCHOOL.

**PERMISSION FOR DISPOSAL OF UNUSED MEDICATION AT THE END OF THE SCHOOL YEAR
Please check one.**

_____ I will pick up any unused medication at the end of the school year.

_____ Please send any unused medication home with my child. The school district will not be responsible for the medication once it is in the possession of my child.

_____ Please discard any unused medication.

*Parent/Guardian signature _____ Date _____

(For office use only) _____

Date	Time	Dose	Initials	Comments	Signature/Position of Person Administering Medication	Initials
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

IOWA CITY COMMUNITY SCHOOL DISTRICT
REQUEST TO ADMINISTER MEDICATION IN SCHOOL (SECONDARY)
INFORMATION AND PROCEDURES

Medications may be administered at a secondary school with written authorization from the parent/guardian and with a prescriber's written order for prescription medications. All medications should be taken before or after school hours whenever possible. However, it is understood that certain drugs may be required during the school day. These students should have medication available and administered in a manner which is compliant with school district policy.

1. No medication will be administered to a secondary student in school or during school sponsored activities without a parent/guardian written authorization and a prescriber's written order for prescription medications. Parents are responsible for obtaining the prescriber order.
 - a) **Prescription medication:** A current pharmacy labeled container can serve as the written prescriber's order. A second labeled medication container can be obtained for school use by asking the pharmacist.
 - b) **Over the counter/non-prescription medication** will be given only with parent/guardian written authorization. Over the counter/non- prescription medications are to be provided by the parent/guardian and sent to school in the original medication container with the student's name attached. This procedure will safeguard your child against over medication and possible unforeseen reactions.
2. The parent/guardian is responsible for submitting a new prescriber's order form to the school each time there is a change of dosage or time of administration. Prescriber's orders may be faxed to the school.
3. Students who must carry inhalers or emergency medications (epi-pen) throughout the school day need a written prescriber's order on file in the health office. The order must specifically state the purpose of the medication, dosage, times for medication to be given, and/ or special circumstances under which the medication is to be given; and that the student must carry the medication at all times.
4. To ensure the safety of all children, we request that a parent or another responsible adult deliver all medications to the office and/or health office. The medication will be kept in a locked storage box.
5. The parent/guardian will inform office/health office staff of the number of tablets/capsules that are brought to school.
6. The first dosage of any new prescription must be given at home so the child can be more closely observed for possible side affects and/or adverse reactions.
7. The parent/guardian is responsible for notifying the school when a medication has been discontinued or changed.
8. The Iowa City Community School District does not assume responsibility for medication not prescribed by a physician/ prescriber or medication administered by the student himself/herself.
9. No medication will be continued beyond the school year in which it is ordered.