

Williamsburg Community School District

Authorization and Permission for Administration of Medication

Student's Name _____ Grade _____ Homeroom teacher _____

School medications and health care services are administered following these guidelines:

Parent signed and dated authorization to administer medication

Doctor's signature if medication given longer than two (2) weeks

The medication is in the original labeled container as dispensed or the manufacturer's labeled container

The medication label contains the student's name, name of medication, directions for use and date

Annual renewal of authorization and immediate notification, **in writing**, of any changes

Medication _____ *Dosage* _____ *Route* _____ *Time given at school* _____

Reason for Medication _____

Significant Information/ Instruction _____

Length of Time Medication to be given at school _____

Prescribing Physician _____ *Phone Number* _____

Physician's Signature (if medication to be given greater than 2 weeks) _____

I request the above student be given the medication at school and school activities by qualified staff, according to the prescription or non-prescription instructions and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed and medication information may be shared with school personnel who need to know.

Inhalers are the only medications students are allowed to carry with them. The law, Iowa Code 280.16, contains specific conditions for the student to carry inhalers/medication for airway constriction at school. The student will carry the inhaler with him/her through the school year. The school district and its employees are to incur no liability, except for gross negligence as a result of any injury arising from self-administration of medication by the student. This form shall be kept on file in the office of the school nurse and renewed yearly. Please sign if you wish for your child to self-administer their inhaler and keep with them at all times. Parent Signature/date: _____

I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment as requested or it will be properly destroyed.

Parent/Guardian Signature: _____ Date: _____