

PELLA COMMUNITY SCHOOL DISTRICT

(Revised 12/4/13)

Parent Authorization for Administration of Medications

Student's Name _____ School _____

Grade/Classroom _____ DOB _____

Name of Medication _____

If Inhaler, Keep on Person: (Circle one) YES/NO

If EpiPen - location of Pen _____

Take this medication with student on School Field Trip or Activities? (YES/NO)

Amount to be given _____ Time @ School _____

Reason for Medication _____

Allergies _____

Prescriber/Doctor _____ Phone _____

REQUIREMENTS FOR SAFE MEDICATION ADMINISTRATION

Pella Community School District

Only those medications necessary for a student's medical care will be administered at school. Most medications that are needed even up to three times a day can be given at home, and may not need to be given at school. Medication that is needed for known emergencies, such as Asthma or Allergic reactions, may be stored at school or with student.

When a student's medicine must be stored at school, Iowa Law required both:

- MEDICATION in its ORIGINAL, LABELED CONTAINER (For prescription medication, ask the pharmacist to prepare two labeled containers, marking one for "SCHOOL USE" so you have proper containers both at home and school.)
- WRITTEN REQUEST and DIRECTIONS

Check to make sure the container includes **ALL** the following:

- Student's name (on pharmacy label or hand-printed on a non-prescription container)
- Name of Medication
- Directions: 1) Dose or amount, 2) Time (s) of day or when to take it, 3) How the student takes the medication (by mouth, inhaler, topical, injection, etc.)
- Current Date

PLEASE READ: I request that the above student be given this medication while in school according to the prescription/non-prescription instructions and records be maintained. **The student has experienced no previous side effects from the medication.** I agree that the school personnel may contact the prescriber as needed, and that the medication information may be shared with school personnel who need to know. If any changes occur in medication dosage, or time of medication, I will notify the school officials immediately.

I understand that the law provides that there shall be no liability for civil damages as a result of the administration of medication/health care where the person administering the medication/procedure acts as an ordinarily reasonable prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment or it will be properly destroyed. **PLEASE NOTE: ALL Medications must be transported to and from school by an adult. Do not send these medications to school in the care of your student.**

- Medication will be administered by a registered nurse or other qualified designated personnel.
- Please remind your child that he/she is responsible for requesting the medication at the appropriate time.

Parent/Guardian signature _____ Date _____

Daytime Telephone Number (s) _____