

AHSTW COMMUNITY SCHOOL DISTRICT

PARENTAL PERMISSION FOR ADMINISTERING PRESCRIPTION & OVER-THE-COUNTER MEDICATION AT SCHOOL

Student name: _____

Medication: _____

Reason for medication: _____

Dose: _____

Time to give medication: _____

Route: (circle one) ORAL INHALED TOPICAL RECTAL DROPS

Physician/Prescriber name: _____ Phone Number: _____

Special instructions: _____

I request that the prescribed medication be administered by a qualified staff person according to the written directions given. I agree that school personnel may contact the prescriber as needed and 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 # () _____ Cell # () _____ Work # () _____

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 _____

PERMISSION FOR INHALERS - Iowa law requires that students who carry inhalers throughout the school day must have written parent consent and written prescriber consent with the purpose of the medication, dosage, times or special circumstances under which the medication is to be given. If your child is to carry his/ her inhaler with them at all times, please have the prescriber fill out the information at the top of the page AND both sign below.

I have instructed the above named student in the proper way to use his/her inhaler. It is my professional opinion that he/she should be allowed to carry and use that medication by himself/herself.

* Physician/ Prescriber signature

Date

I request that the above named student carry and self-administer his/her inhaler during school and school activities according to the authorization and instructions given.

*Parent/ Guardian signature

Date

AHSTW COMMUNITY SCHOOL DISTRICT
REQUEST TO ADMINISTER MEDICATION IN SCHOOL INFORMATION AND PROCEDURES

Medications may be administered at school following the below guidelines. 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 prescription medication will be administered to a student in school or during school sponsored activities without a written physician/prescriber order **and** parent/guardian written authorization (see front page). 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 with parent/guardian written authorization (see front page). 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.
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 (EpiPen) 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 nurse's office. The medication will be kept in a locked storage area, except EpiPens.
5. If the student brings the medication to school the parent/guardian will inform the school nurse of the number of tablets/capsules that are brought to school.
6. The first dosage of any new prescription is recommended be given at home, so the child can be more closely observed for possible side effects and/or adverse reactions.
7. The parent/guardian is responsible for notifying the school when a medication has been discontinued or changed.
8. The AHSTW 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.

Thank you,

Kaleigh Lane RN

AHSTW School Nurse

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