



North Polk Community Schools



Request for Giving Prescription/Over the Counter Medication at School

Student's Name: _____ Grade: _____

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

- Parent signed and dated authorization to administer the medication.
- The medication must be in the prescription container or the container in which it was purchased.
- The medication label contains the student name, name of the medication, directions for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes.

Students MUST bring their own supply of medication to school. The medication will be kept in the nurse's office and it MUST be in the original container.

Permission for prescription medications:

Name of Medication: _____

Medication Dosage: _____

Dates to be Given: _____

Time to be Given: _____

Doctor Who Prescribed Medication: _____

Additional Information or Administration Instructions: _____

I request the above student be given the medication at school and school activities by qualified staff, according to the prescription or nonprescription 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 doctor/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 civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably 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.

Parent/Guardian Signature: _____ Date: _____