



School _____

Fax # _____

To the Parent or Guardian:

We advise you that the Davenport Community School Health Services Department does not normally administer or take any responsibility in the giving of medication to school children. If your child is on any medication, please give it at home and advise the school so the staff may watch for adverse side effects of the drug. However, if a medication must be given during school hours, the school must have the name of the drug, dosage, hour to be given and for how long, signed by the attending physician.

The medication must be maintained in the original prescription container which shall be labeled with:

- | | |
|-----------------------|---------------------------------|
| 1. Name of Pupil | 4. Name of Physician |
| 2. Name of Medication | 5. Name and address of pharmacy |
| 3. Directions for use | 6. Date of prescription |

Medication orders are only effective for the school year in which they are ordered. The physician must renew them each school year. The diagnosis and ICD 10 code are needed for billing purposes.

Since it is necessary that my child be given medication during school hours, I hereby authorize the health provider to provide the ICD 10 Code to the school and certified school personnel to administer it.

_____	_____	_____
Student's Name	Birth Date	Parent/Guardian Signature

Diagnosis _____ **ICD 10 Code** _____

Name of Medication _____

Dosage _____

Time to be given _____

Reason _____

Anticipated reaction _____

If this medication is for asthma, please attach the Student Asthma Action Plan.

_____	_____
Date	Provider's signature

EPI-PENS AND ASTHMA MEDICATIONS ONLY

If the parent/guardian and healthcare provider feel the student needs to carry their own Epi-pen or asthma inhaler with them during school hours, the healthcare provider must sign this order. Except in an instance of gross negligence, the school district and its employees will incur no liability as the result of an injury arising from self-administration of medication by a student.

I feel this student is adequately educated in the appropriate use of his/her Epi-pen or inhaler and is responsible to self-administer medication as needed.

_____	_____
Parent's Signature	Provider's Signature