

**IOWA CITY COMMUNITY SCHOOL DISTRICT
PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF MEDICATION
OR SPECIAL HEALTH SERVICES TO STUDENTS AT SCHOOL**

Student name: _____
Medication: _____
Reason for medication: _____
Amount of dose: _____
Time to give medication: _____
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: _____
* Parent/Guardian Signature: _____ Date: _____
Home Phone: _____ Work Phone: _____

MEDICATION WILL NOT BE GIVEN IF IT HAS EXPIRED OR IT HAS AN IMPROPER LABEL. PLEASE CHECK THE CONTAINER BEFORE SENDING IT TO SCHOOL.

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.
***If medication is not picked up by the last day of school it will be disposed of safely.

Special Health Services and Instructions:

Prescriber's Signature for Special Health Services _____ / ____ / _____
Date

Prescriber's Name (Please Print)

*Parent/Guardian signature for Special Health Services: _____
Date: _____

IOWA CITY COMMUNITY SCHOOL DISTRICT
REQUEST TO ADMINISTER MEDICATION IN SCHOOL INFORMATION AND PROCEDURES

Medications may be administered at school only with a prescriber's written order and written authorization from the parent/guardian. 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 that is compliant with school district policy.

1. **Prescription medication:** 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. Parents are responsible for obtaining the prescriber. 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.
2. **Over-the-counter/non-prescription medication** will be given only with the parent/guardian's written authorization. Dosages must be dispensed per manufacturer label. Over-the-counter/non-prescription medications are to be provided by the parent/guardian and sent to school in the original labeled medication container with the student's name attached. This procedure will safeguard your child against overmedication and possible unforeseen reactions.
 - a. Elementary students will also require a provider order to administer over-the-counter medications at school.
 - b. Supplements are not considered nonprescription over-the-counter medications approved by the Federal Drug Administration and are not to be administered at school.
3. 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 for prescription medications. Prescriber's orders may be faxed to the school.
4. Students who must carry inhalers or emergency medications (epi-pen) 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.
5. To ensure the safety of all children, we request that a parent or another responsible adult deliver all medications to the office and/or health office. The medication will be kept in a locked storage box.
6. The parent/guardian will inform the office/health office staff of the number of tablets/capsules that are brought to school.
7. The first dosage of any new prescription must be given at home so the child can be more closely observed for possible side effects and/or adverse reactions.
8. The parent/guardian is responsible for notifying the school when a medication has been discontinued or changed.
9. The Iowa City Community School District does not assume responsibility for medication not prescribed by a physician/prescriber or medication administered by the student himself/herself.
10. No medication will be continued beyond the school year in which it is ordered.
11. Disposal of unused, discontinued/recalled, or expired medication shall be in compliance with federal and state law. Prior to disposal school personnel shall make a reasonable attempt to return medication by providing written notification that expired, discontinued, or unused medications need to be picked up. If medication is not picked up by the date specified, disposal shall be in accordance with the disposal procedures for the specific category of medication.