



Authorization for Medication Administration

Student's Name _____ School _____ Grade _____

Name of Medication _____ Medication Expiration Date _____

Amount to be Given _____ **Time _____

Reason for Medication _____

I request the above pupil be given this medication while in school according to the prescription or nonprescription instructions. The pupil has experienced no side effects from the medication. I agree that school personnel may contact the provider as needed. Medication information is confidential according to the Family Education and Privacy Act (FERPA) to be shared with school personnel on a need to know basis.

I understand 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 reasonably prudent person would under the same or similar circumstances. I agree to pick up remaining medication or it will be properly destroyed.

- Medication will be administered by a registered nurse or other qualified designated personnel.
- Please remind your child that they are responsible for requesting the medication at the appropriate time.
- Authorization is renewed annually and immediately when changes occur.

Parent/Guardian Signature _____ Date _____

WDMCS Requirements for Safe Medication Administration

Only those medications that are 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 should not be sent to school.

Medication that is needed for known emergencies, such as asthma or serious allergic reactions, may be stored at school or self-administered by student with current documentation on file.

When a student's medicine must be stored or administered at school, Iowa law requires:

1. Prescription medication must be in its original prescription bottle. (For prescription medication administered at school, ask the pharmacist to prepare 2 labeled containers, marking one for "SCHOOL USE" so you have proper containers both at home and school.) Other nonprescription medication should be in the original container and labeled with the student's name.
2. Medication brought to school will be given according to the provisions listed on this form. The prescription or manufacturer's container must be clearly labeled with:
 - name of the student
 - name of the prescribing provider
 - pharmacy who dispensed the medication or the manufacturer
 - strength of the medication and the amount to be given
 - method of administration (oral, inhaled, topical, etc.)
 - specific time and specific situations the medication is given
 - current date

