MEDICATION AT SCHOOL OLIN ELEMENTARY

Parent/Guardian: This is the procedure to follow if your child requires medication at school:

1. Complete form to give permission to the school nurse or trained personnel to administer medication to your child.
2. Please provide the school with the medication in the original labeled container either as dispensed by the pharmacy or in the manufacturer's container. Ask your pharmacy to provide an extra labeled container to be kept at school.
3. For the safety of all students, an adult should bring medication to school. When medication is discontinued, the student withdraws from school or at the end of the school year parent/guardian will be contacted to arrange pick up medications. If the medication is not picked up by an agreed date, the medication will be destroyed.
4. Only medication that MUST be given during school hours should be brought to school for distribution.
5. The initial dose of medication should be given at home to allow for better observation of any adverse reactions.
6. Submit a REVISED STATEMENT if any information changes (dosage, route, time of delivery, etc.)
7. Please contact the nurse's office at 319-484-2170 ext 141 with questions or concerns.

I give permission to the school nurse or other trained staff to administer:

Student Name_____D.O.B_____Grade_____

Physician's Name_____Physician Phone#_____

Reason for Medication_____

Prescription_____ Non-Prescription_____

Name of Medication (as appears on container)_____

Strength _____ Dosage_____ Time(s) to be given:_____

Day(s) to be given: Daily throughout school year_____ Dates_____

How should it be given? (Circle one): Swallow Chew Drops Inhalation Topical Injection Other_____

Required on Field Trips?_____YES _____NO Required on Early Dismissal? ____YES ____NO

My child has not experienced any side effects from the listed medication. I agree to ensure the medication is received by the school nurse or other trained personnel in the original container in which it was dispensed with the dosage, time of administration, student name, medication, and physician. The school will have the right to contact the prescribing physician's office to confirm or clarify medication instructions. No medication will be administered without written authorization from the parent or guardian.

Parent/Guardian
Signature:_____Date:_____
Phone Number:_____