

Parental Authorization and Release Form For the Administration of Prescription Medication to Students

It is the policy of the Board of Education of the Dunkerton Community School System that whenever a student should have a prescription medication or an over-the-counter medication administered by the health aide at school, written authorization and instruction must be provided by a parent or legal guardian.

The following information is to be clearly labeled on the container sent to school:

1. Name of the medicine
2. Dosage and interval dosage per day
3. Time medication is to be given at school
4. Date medicine is to be started and terminated
5. Student's name
6. Physician's name
7. Medication is to be sent in the container in which it was dispensed by the prescribing physician or licensed pharmacist or in the manufacturer's container.
8. A written note stating the amount that is in the prescribed bottle that is sent to school

The medication must be checked in to the health aide office.

The school will submit progress reports to your physician whenever requested. Any changes in the medication should be brought to the attention of the health aide by a note from the doctor stating the date of change and new dosage.

Please complete the bottom part of this form and return it to the school health aide.

_____ (student's full name) is to
be administered the following medication while attending Dunkerton Community
School.

Name of Medication _____

Dosage _____ Time to be given _____

Date the medication is to be initiated _____ continuing
through _____. (Date)

Physician's name prescribing medication _____

I hereby request the Dunkerton Community School or its authorized
representative, to administer the above named medication.

Parent/Guardian _____ Date _____