



Dunkerton

COMMUNITY SCHOOL DISTRICT

Medication- Parent Permission Form

Dear Parent or Guardian,

Medications and treatments will be administered during *school hours only*, and not before or after *approved time of arrival/departure* school hours. Medications and treatments will ONLY be administered with documented authorization and instructions as provided by the parent or guardian. For student safety, a parent/guardian or responsible adult must bring medications to school and should NOT be sent with student.

In order to comply with the Iowa Administrative Code, the following information must be clearly labeled on the original container/bottle:

1. Student name
 2. Name of medication
 3. Strength and Dosage
 4. Frequency
 5. Provider's (Prescriber's) name for prescriptions
- All prescription medication must be brought to school in its most current labeled container.
 - All over-the-counter medications provided by the parent/guardian must be in an unopened container. Age appropriate directions will be followed as labeled unless accompanied by a Provider order indicating other dosage/directions.
 - Herbal supplements cannot be administered per the Iowa Code.
 - Medications and products containing aspirin will not be given at school without a Provider order.
 - Parents/guardians must notify the RN/health office of any changes with treatments, medication, dosage, strength, or instructions and complete a new Medication-Parent Permission Form. We cannot rely on messages from students or building staff/teachers. Changes will not be completed without parental permission.

This completed and signed form MUST be returned before medication/treatments will be administered.

Student name: _____ DOB: _____
 Name of Medication: _____ Strength: _____
 Dosage: _____ Time of day: _____ Frequency: _____
 Prescriber: _____ Special Instructions: _____
 This is a NEW medication for this student, and they have NOT received it before: YES _____ NO _____
 Any known side effects: YES _____ NO _____ If yes, please list below: _____

Special Circumstances arise from time to time; if applicable, indicate below as well as how to administer medications during these times (initial on lines below to indicate your understanding of this policy).





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_____ Late morning administration at school may impact timing of a noon dosage (if applicable).

_____ Early dismissal medication policy: Medications regularly scheduled are to be given until dismissal time unless otherwise instructed by parent/guardian or Medical Provider.

Late start (due to weather):

- _____ I will administer A.M. dose at home
- _____ Administer dosage upon arrival to school

Late arrival (for any other reason):

- _____ I will administer A.M. dose at home
- _____ Administer dosage upon arrival at school

Early Dismissal (for any reason):

- _____ I will administer Noon/PM dosage at home
- _____ Administer dosage at school prior to dismissal

Discontinued and remaining medication(s): non-emergent medications will NOT be sent home with a student. A parent/guardian must pick them up at the health office:

- Within 30 days of medication being discontinued
- At the end of the school year to avoid disposal

Emergency medications (defined as Epi-pen, inhaler, Diastat, Glucagon, and diabetic supplies) may be sent home with a student with parent/guardian written permission (see below).

Parental/Guardian Permission: Please initial each item below for which you give permission:

- _____ I give permission for the above medication to be given to my student as instructed above by qualified staff.
- _____ The above student has not experienced any known previous side effects from this medication.
- _____ I further agree that school personnel may contact the prescriber as needed and that medication information may be shared between the provider and school personnel.
- _____ I agree to notify/inform the health office of any changes with medication or care.
- _____ I agree to provide safe delivery of medication and equipment to and from school.
- _____ I agree to pick up remaining medication and equipment at the end of the school year, and within 30 days of medication/equipment being discounted.
- _____ I understand if I do not pick up medications/equipment that it will be properly disposed of.
- _____ For **EMERGENCY MEDICATIONS ONLY**- I give permission for the above medication to be given to this student for transport home at the end of the school year.
- _____ By signing below, it is agreed that I, the parent/guardian, have read the contents of this form and understand my responsibilities. I accept responsibility for performing the tasks. If at any time, I have questions or desire additional information, I understand that it is my responsibility to contact the health office to request them.

(Parent/Guardian Signature)

(Printed Name)

(Relationship to Student)

(Date)