

## Authorization for PRN Asthma and Nebulizer Administration

Student's Name	SchoolGrade
Name of Medication	Medication Expiration Date
Amount to be Given	**Time
Reason for Medication	
Permission to Send Medication on Field Trip Parels this medication needed for field trips? Y N	ent Initials Nurse Initials
pupil has experienced no side effects from the medication	n school according to the prescription or nonprescription instructions. The n. I agree that school personnel may contact the provider as needed and the nnel who need to know. Prescription medication must be in its original ginal container and labeled with the student's name.
,	ity for civil damages as a result of the administration of medication/health cedure acts as an ordinarily reasonably prudent person would under the ng medication or it will be properly destroyed.
<ul> <li>Medication will be administered by a registered</li> <li>Please remind your child that they are responsi</li> </ul>	Inurse or other qualified designated personnel. ble for requesting the medication at the appropriate time
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.
- 2. Written request and directions. The prescription or manufacturer's container must be clearly labeled with:
  - name of the student
  - name of the medication
  - directions

Daytime Telephone Numbers \_\_\_\_

- o dose or amount to be given
- o method of administration (oral, inhaled, topical, etc.)
- o specific time and specific situations the medication is given
- current date



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Student	r's Name	9					School		Grade		
Date	Time	# of Puffs	Prior to P.E.	After P.E.	Before Recess	After Recess	Lung Sounds Prior to Medication	Lung Sounds after medication	Notes	Staff Initials	
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Staff Name/Title \_\_\_\_\_\_Staff Initials \_\_\_\_\_\_Staff Initials \_\_\_\_\_Staff Name/Title \_\_\_\_\_\_Staff Initials \_\_\_\_\_\_