

Student's Name\_

## Authorization for PRN/Short-Term Medication Administration

Name of Medic	ication	Medication Expiration Date					
Amount to be	e Given	**Time					
Reason for Me	edication						
For Epi-Pen, as	asthma inhalers, and prescription medication only	y: Is this medication needed for field trips?	<u>Y / N</u>				
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 and that medication information may be shared with school personnel who need to know. Prescription medication must be in its original prescription bottle. Other medication should be in the original container and labeled with the student's name.							
care where the $\mu$	ne law provides that there shall be no liability for civil dan person administering the medication/procedure acts as r circumstances. I agree to pick up remaining medication	s an ordinarily reasonably prudent person would					
	ation will be administered by a registered nurse or other remind your child that <b>they are</b> responsible for reques						

School Grade

## WDMCS Requirements for Safe Medication Administration

Parent/Guardian Signature\_\_\_\_\_\_Date\_\_\_\_\_

**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
    - o dose or amount to be given
    - o method of administration (oral, inhaled, topical, etc.)

Daytime Telephone Numbers

- o specific time and specific situations the medication is given
- current date



## Authorization for PRN/Short-Term Medication Administration

tudent's	Name		School	G	rade
Date	Time	Dose	Amount Received	Amount Remaining	Staff Initials
			+		
	1 1			1	1
aff Name/	Title_	Staff I	nitials Staff Name/Ti	tle	Staff Initials
aff Name/				tle	Staff Initials

Staff Name/Title \_\_\_\_\_Staff Initials \_\_\_\_\_Staff Name/Title \_\_\_\_\_Staff Initials \_\_\_\_\_Staff Name/Title \_\_\_\_\_Staff Initials \_\_\_\_\_