

WEST DES MOINES COMMUNITY SCHOOL DISTRICT

AUTHORIZATION for PRN MEDICATION ADMINISTRATION

Student's Name _____ School _____

Name of Medication _____

Amount to be Given _____ **Time _____

Reason for Medication _____

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.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication/health care where the person administering the medication/procedure acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I agree to pick up remaining medication or it will be properly destroyed.

- * Medication will be administered by a registered nurse or other qualified designated personnel.
- * Please remind your child that he/she is responsible for requesting the medication at the appropriate time.

* **Is this medication (pertains only to Epi-Pen, asthma inhalers, prescription medication) needed for field trips? Yes/No**
* **Parent/Nurse initials for permission to send medication on field trip _____ Date _____**

Parents/Guardian
Signature _____ Date _____

Daytime Telephone Number(s) _____

REQUIREMENTS for SAFE MEDICATION ADMINISTRATION
WEST DES MOINES COMMUNITY SCHOOL DISTRICT

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.

When a student's medicine must be stored or administered at school, Iowa law requires both:

- MEDICATION in its ORIGINAL, LABELED CONTAINER (For prescription medication, ask the pharmacist to prepare 2 labeled containers, marking one for "SCHOOL USE" so you have proper containers both at home and school.)
- WRITTEN REQUEST and DIRECTIONS

Check to make sure that the container includes **ALL** the following information:

- Student's name (on pharmacy label or hand-printed on a nonprescription container)
- Name of medication
- Directions:
 - * Dose or Amount
 - * Time(s) of day or when to take it
 - * How the student takes the medication, for example, by mouth, by inhaler
- Current Date

