

East Mills Community School District
58962 380th Street
Hastings, Iowa 51540
Telephone: Elementary 624-8696 High School 624-8645

MEDICATION ADMINISTRATION AUTHORIZATION

Student Name: _____ Grade: _____

If it becomes necessary for a student to receive prescription medication at school, all sections of this form must be completed before the medication can be administered. A separate form is needed for **EACH** medication.

Prescription medications & health services are administered following these guidelines:

- A parent must provide a signed, dated authorization to administer medication &/or provide the health service.
- The medication must be in the original, labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student's name, name of medication, directions for use, & date. You may request additional bottles from the pharmacy if needed.
- Authorization is renewed annually or immediately upon parent notification of change.

Medication & Dose:

Instructions:

Time to be given: _____ Duration: _____

Please choose one of the following options for your child's medication at the ***end of the school year***:

I will pick up medication at school.

I authorize the school to dispose of the medication.

I authorize the school to send the medication home with my child

I understand that trained school personnel will administer this medication if the nurse is not available. I understand that I am personally responsible to ensure that the medication is received by the school in the appropriately labeled container.

Parent/Guardian Signature & Date _____