

MEDICATION PERMISSION FORM
UNITED COMMUNITY SCHOOLS
1284 U Ave., Boone, Iowa 50036

The following policies have been established concerning the administration of prescribed and over-the-counter medications to be given by school personnel:

Prescribed Medication: These medicines shall be maintained in the original prescription container which shall be labeled with:

- 1. Name of student. 2. Name of medicine. 3. Directions for use. 4. Name of physician. 5. Name and address of pharmacy. 6. Date of prescription.

Over-the-Counter Medication: These medicines shall be maintained in the original container and marked with the student's name.

Parent's Written Consent: For prescription and over-the-counter medicine, a parental signature on a statement requesting and authorizing school personnel to administer the medicine shall be filed at the school. (See below)



Name of Student

Grade

Name of Medication

Reason for Medication

Dosage

Length of time to be given

Time medicine is to be given

Route of Administration

Parent/Guardian Signature

Home phone number

Date

Alternate phone number

*Please remind your student that he/she is responsible for asking for the medication at the appropriate time. Final determination as to whether or not any medication will be administered by school personnel rests with the school's administration.