

MEDICATION PERMISSION FORM
 UNITED COMMUNITY SCHOOLS
 1284 U Ave., Boone, IA 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:

- | | |
|---------------------------------|-------------------------|
| B. Name of student | 4. Name of physician |
| C. Name and address of pharmacy | 5. Directions for use |
| D. Date of prescription | 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.