

**Ankeny Community Schools
Request for Giving Medication at School**

Student's Name: _____ **Grade:** _____ **Teacher:** _____

School medications and health care services are administered following these guidelines:

- Parent signed and dated authorization to administer the medication.
- The medication must be in the prescription container or the container in which it was purchased.
- The medication label contains the student name, name of the medication, directions for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes.

Name of Medication: _____

Dosage: _____

Dates to be Given: _____

Time to be Given: _____

Doctor Who Prescribed Medication: _____

Additional Information or Administration Instructions: _____

I request the above student be given the medication at school and school activities by qualified staff, according to the prescription or nonprescription instructions and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the doctor/prescriber as needed and that medication information may be shared with school personnel who need to know.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment .

Parent/Guardian Signature: _____ **Date:** _____

-Students MUST bring their own supply of medication to school. The medication will be kept in the nurse's office and it MUST be in the original container.

-For more information refer to board policy #504.32 at www.ankenyschools.org

Reviewed 3/09