

EAST UNION COMMUNITY SCHOOL
AFTON, IOWA

MEDICATION AT SCHOOL

When school personnel are requested to give medication, the following guidelines are to be followed:

1. Each order must include:
 - a. The pupil's name.
 - b. The name of the medication ordered.
 - c. The dosage of the medication to be given.
 - d. The times it is to be administered.
 - e. The route of administration to be used.
 - f. Specific instructions needed to administer correctly.
 - g. Sometimes a starting and stopping date.
2. All Prescription Drugs and Over-The-Counter Medicines must be sent in the Original Container.
3. A parent signature on the statement requesting and authorizing school personnel to administer the medicine in accord with the prescription or label shall be on file at the student's attendance center.

Medication Permission Form

Name of Student

Grade

Name of Medication

Reason for Medication

Dosage

Length of Time to be Given

Time

Special Instructions for Administration/Storage

Route of Administration

Parent or Guardian Signature

Name of Physician

Date of Request