



7th-12th REQUEST FOR ADMINISTRATION OF MEDICATION PRESCRIPTION AND OVER-THE-COUNTER

STUDENT INFORMATION

NAME	DATE OF BIRTH /AGE	GRADE
GUARDIAN NAME	GUARDIAN PHONE #	RELATIONSHIP TO STUDENT

I **DO NOT** WISH MY CHILD TO BE GIVEN ANY PAIN RELIEVER/FEVER REDUCER
(Only mark this box if you DO NOT wish your child to receive Ibuprofen/Tylenol from the school)

PLEASE LIST BELOW ANY MEDICATIONS REQUIRED TO BE GIVEN TO YOUR STUDENT BY SCHOOL OFFICE PERSONNEL.
 [This includes prescription medication and over the counter allergy or lactid medication]

STUDENT PRESCRIPTION MEDICATION (1)

MEDICATION	DOSAGE	TIME/S
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NOTE: Qualified School personnel may give the first a.m. dose at school if necessary.

LENGTH OF TIME MEDICATION WILL BE REQUIRED	
DIAGNOSIS	MEDICAL PROVIDER
ADMINISTRATION INSTRUCTIONS	

TO COMPLY WITH IA ADMINISTRATIVE CODE SECTION 281-41.12(11) ENTITLED "MEDICATION ADMINISTRATION", A DESCRIPTION OF POTENTIAL REACTIONS FROM MEDICATION MUST BE FILED AT THE SCHOOL. **PLEASE LIST ANY ANTICIPATED MEDICATION REACTIONS:**

STUDENT PRESCRIPTION MEDICATION (2)

MEDICATION	DOSAGE	TIME/S
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NOTE: Qualified School personnel may give the first a.m. dose at school if necessary.

LENGTH OF TIME MEDICATION WILL BE REQUIRED	
DIAGNOSIS	MEDICAL PROVIDER
ADMINISTRATION INSTRUCTIONS	

TO COMPLY WITH IA ADMINISTRATIVE CODE SECTION 281-41.12(11) ENTITLED "MEDICATION ADMINISTRATION", A DESCRIPTION OF POTENTIAL REACTIONS FROM MEDICATION MUST BE FILED AT THE SCHOOL. **PLEASE LIST ANY ANTICIPATED MEDICATION REACTIONS:**

PLEASE SIGN BELOW

I, the guardian of the above named student, ***give consent for medication (over-the-counter or prescription) to be given to the student by the qualified school personnel.*** In the event of an emergency, ***I give the qualified school personnel permission to communicate*** with the school administrator regarding medication and medical conditions.

PARENT/GUARDIAN SIGNATURE

DATE

SCHOOL PERSONNEL

DATE

NOTE: THIS FORM MUST BE COMPLETED, SIGNED AND ON FILE AT THE SCHOOL BEFORE ANY MEDICATION CAN BE GIVEN.