# 7th-12th REQUEST FOR ADMINISTRATION OF MEDICATION

PRESCRIPTION AND OVER-THE-COUNTER

## STUDENT INFORMATION

| NAME | DATE OF BIRTH (AGE) | GRADE |
|---|---|---|
| ADDRESS | CITY | ZIP |

## MEDICATION INFORMATION (1)

| **MEDICATION** | **DOSAGE** | **ROUTE** | **TIME/S** |
|---|---|---|---|
| | | | |

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 ANTICPATED MEDICATION REACTIONS:**

## MEDICATION INFORMATION (2)

| **MEDICATION** | **DOSAGE** | **ROUTE** | **TIME/S** |
|---|---|---|---|
| | | | |

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 ANTICPATED MEDICATION REACTIONS:**

☐ 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 SIGN BELOW

I, the guardian of the above named student, request medication 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 this medication and medical condition.

PARENT/GUARDIAN SIGNATURE _______________ DATE _______________

SCHOOL PERSONNEL _______________ DATE _______________

**Note: This form must be completed and on file at the school before any medication can be given.**