

EAST UNION COMMUNITY SCHOOL
AFTON, IA

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 accordance with the prescription or label shall be on file at the student's attendance center.

A separate form for **EACH** medication is needed.

Medication Permission Form

_____	_____
Name of Student	Grade
_____	_____
Name of Medication	Reason for Medication
_____	_____
Dosage	Length of Time to be Given
_____	_____
Time of Day	Special Instructions for Administration/Storage
_____	_____
Route of Administration	Name of Physician
_____	_____
Parent/Guardian Signature	Date of Request