

NORTH NODAWAY R-VI SCHOOL
Parental Permission For
Administration Of Medications To Students

The North Nodaway R-VI School District's Medication Policy requires written parental/guardian consent prior to giving any prescription and/or over-the-counter medications at school. Please provide the following information when bringing medications to be administered at school. This form is to be presented to the principal's office each time medication is to be given.

If the medication is a prescription, ask your pharmacist to prepare two labeled containers, one for school and one for home. **The very first dose of this medication for current illness will not be given at school.**
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Student Name _____ Grade _____

Name of Medication _____

Dosage of Medication _____

Form of Medication/Treatment ___ Tablet/Capsule ___ Liquid ___ Inhaler ___ Nebulizer
___ Injection ___ Other

Time to be Taken _____

Reason for Medication _____

Medication to be Given From _____ To _____
(Date) (Date)

Refrigeration Needed? _____

When was First Dose of Medication Given? _____

Possible Side Effects _____

I request the above medication or treatment be administered to my child at school. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication and for informing the school district immediately if any information provided on this form changes.

Parent/Guardian Signature

Date

School Year _____

Student Name _____ Date of Birth _____ Sex _____

Name of Dispensing Pharmacy _____ RX # _____

Name and Dosage of Medication _____ Route _____ Time(s) Given in School _____

Directions: Initial with time of administration: a complete signature and initials of each person administering medications should be included below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sept																															
Oct.																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															

Initial _____ Signature _____

Codes:
A) Absent

O) No show

E) Early dismissal

F) Field trip

X) No School

N) No medication available

NORTH NODAWAY R-VI