

EAGLE GROVE COMMUNITY SCHOOLS



Authorization and Permission for Administration of Medication/Health Services

Student's Name (Last) (First) (Middle) Date

_____/_____/_____
Birthday School

School medications and health care services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer medication and/or provide the health service.
- The medication is in the original labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student name, name of the medication, directions for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes. I understand the school may refuse to administer medication when the manufacturers recommendations differ from the order or no manufacturers recommendations exist.

Medication/Health Care Dosage Route Time at School

Administration instructions

Special Directives, Signs to observe and Side Effects

Discontinue/Re-Evaluate/Follow-up Date

Prescriber Date

Prescriber's Address Emergency Phone

I request the above student receive medication and/or health service at school and school activities by qualified staff, according to the prescription or nonprescription instructions and a written record maintained. Special considerations are noted above. The information is confidential according to the Family Education Rights and Privacy Act (FERPA) and school personnel needing to know have access to the information. I agree to coordinate and work with school personnel and prescriber when questions arise. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

Parent's Signature Date

Parent's Address Home Phone

Additional Information Business Phone