

West Marshall Community School District
P.O. Box 670, 601 3rd Street N.W.
State Center, Iowa 50247

Authorization for Daily Medication Administration



JACY LARGE
SUPERINTENDENT
641-483-2660

JACOB RANDALL
HIGH SCHOOL PRINCIPAL
641-483-2136

BOB TOLLEFSON
INTERMEDIATE/ MIDDLE
PRINCIPAL
641-483-2165

NANETTE SMITH
ELEMENTARY PRINCIPAL
641-483-2671

STEPHANIE EDLER
BUSINESS MANAGER
641-483-2660

DAVID SHIPLEY
ATHLETIC DIRECTOR
641-483-2660

AMY CLARK
FOOD SERVICE DIRECTOR
641-483- 2165

Student's Name _____
School _____ Grade _____ Teacher _____
Name of Medication _____
Amount to be given _____ Route _____
Time to be administered _____
Diagnosis related to medication _____

I request the above student be given this medication while in school according to the prescription or nonprescription instructions. This student has experienced no side effects from the medication. I agree that school personnel may contact the provider as needed. Medication information is confidential according to the Family Education and Privacy Act (FERPA) to be shared with school personnel on a need to know basis. I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication/health care where the person administering the medication/procedure acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I agree to pick up remaining medication or it will be properly destroyed.

Medications will be administered by a registered nurse or other qualified designated personnel. Please remind your child that he/she is responsible for requesting the medication at the appropriate time. Authorization is renewed annually and immediately when changes occur.

Parent/Guardian Signature _____

Daytime Telephone Numbers: _____ Date: _____

Requirements for Safe Medication Administration:

- Only those medications that are necessary for student's medical care will be administered at school. Most medications that are needed even up to three times a day, can be given at home and should **NOT** be sent to school.
- Medication that is needed for known emergencies, such as asthma or serious allergic reactions may be stored at school or self-administered by student with current documentation on file in either student's health file or JMC.

When a Student's medication must be stored at school/administered at school Iowa law requires:

1. The prescription medication must be in its original prescription bottle. (For prescription medication administered at school, ask the pharmacist to prepare two labeled containers, marking one "FOR SCHOOL USE" so you have proper containers both at home and at school)
 - a. The prescription or manufacturer's container must clearly be labeled with:
 - i. The name of the student
 - ii. The name of the prescribing provider
 - iii. The pharmacy who dispensed the medication or the manufacturer
 - iv. The strength of the medications and the amount to be given
 - v. The method of administration (oral, inhaled, topical, etc)
 - vi. The specific time and situations the medication is to be administered.
2. Non-prescription or "over the counter" medications should be in the original container and labeled with the student's name, communication with staff when the last dose was administered.

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