

# JESUP COMMUNITY SCHOOL DISTRICT

Dear Parent or Guardian,

Medication cannot be dispensed without written authorization and instructions provided from the parent or guardian.

## Medication

In order to comply with the Jesup Community School District Policy and the Iowa Administrative Code, the following information must be clearly labeled on the bottles:

- Name of medication
- Dosage
- Time medication is to be given at school
- Student name
- Physicians name for the prescribed medication

Any over-the-counter medications must be provided by the parent/guardian. Herbal medications and products containing aspirin will not be given at school. All medications need to be brought to school in the original labeled container as dispensed or the manufacturer's labeled container.

**Please complete this form and return to the school nurse. This must be returned before any medication can be administered.**

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Medication

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
Time to be given

\_\_\_\_\_  
How long to give

\_\_\_\_\_  
Prescriber

Special Instructions: \_\_\_\_\_

I request the above named student be given the medication at school and school activities by qualified staff, according to the prescription or non-prescription instructions and a record maintained. The student has experienced NO previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

I understand the law provides that there shall be no civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily, reasonably prudent person would, under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment when no longer needed.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date