



**Confidential**

Indianola Community Schools  
1000 West 10th Street  
Indianola, IA 52601  
563-385-2200

### Request for Giving Prescription and Nonprescription Medication at School

\_\_\_\_\_ Student's Name \_\_\_\_\_ Grade

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

- Parent signed and dated authorization to administer the medication.
- The medication must be in the prescription container or the container in which it was purchased.
- 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.

**Permission for Over-the-Counter (Medications that are provided by the school)**

Yes \_\_\_\_\_ No \_\_\_\_\_ Acetaminophen (Tylenol)—according to package directions  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Ibuprofen (Motrin, Advil)—according to package directions  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Cough drops—according to package directions  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Antacid tablets  
 Yes \_\_\_\_\_ Other \_\_\_\_\_

**Permission for Prescription Medications (The medication must be in its original container)**

Name of Medication: \_\_\_\_\_  
 Medication Dosage: \_\_\_\_\_  
 Dates to be Given: \_\_\_\_\_  
 Time to be Given: \_\_\_\_\_  
 Doctor Who Prescribed Medication: \_\_\_\_\_  
 Additional Information or Administration Instructions: \_\_\_\_\_

I request the above student be given the medication at school by qualified staff, according to the prescription or nonprescription 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 doctor/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 liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonable, 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.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

*For more information refer to School Board Policy # 507.2 at [www.indianola.k12.ia.us](http://www.indianola.k12.ia.us).*