



ESSEX COMMUNITY SCHOOL DISTRICT

111 Forbes Street, Essex, Iowa 51638

Telephone: Elem. 379•3114 High School: 379•3115 Fax: 379•3200

Website: www.ehs-ees.com

Paul Croghan, Superintendent

croghanp@essex.k12.ia.us

Rob Brecht, Principal

brechtr@essex.k12.ia.us

MEDICATION ADMINISTRATION AUTHORIZATION

STUDENT NAME: _____ GRADE: _____

If it becomes necessary for a student to receive prescription medication at school, all sections of this form must be completed before the medication can be given. A separate form is needed for EACH medication.

Prescription medications and health services are administered following these guidelines:

- Parent must provide a signed, dated authorization to administer medication and/or Provide the health service.
- The medication must be in the original, labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student's name, name of medication, directions for use, and date. (request extra bottle from pharmacy)
- Authorization is renewed annually or immediately upon parent notification of change.

Medication & Dose: _____

Diagnosis: _____

Instructions (as they appear on prescription): _____

Time to be given: _____

Start medication on (date) _____ and continue through _____

Physician's Name _____

I request and authorize school personnel to administer this medication and/or service. I understand that trained school personnel will administer this medication if the nurse is not available. I understand that I am personally responsible to ensure that the medication is received by the school in the appropriately labeled container.

Parent/Guardian: Signature: _____

_____ Date