

# North-Linn Community School District

## Permission for Medication Form

I hereby authorize the school nurse or delegated certified personnel at North-Linn Community Schools to administer the following medication.

Students name: \_\_\_\_\_

Medication (name): \_\_\_\_\_ Strength: \_\_\_\_\_

Dosage to be given each time: \_\_\_\_\_

At what hour is the dosage given at home? \_\_\_\_\_

At what hour is the dosage to be given at school? \_\_\_\_\_

The above medication is to be given until: \_\_\_\_\_

Reason medication is given: \_\_\_\_\_

Medication prescribed by: \_\_\_\_\_ M.D.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

On late start days: I will give medication at home \_\_\_\_\_

Please give medication at school \_\_\_\_\_

Early dismissal days: I would like medication given at school \_\_\_\_\_

Child will take medication at home \_\_\_\_\_

Any special instructions: \_\_\_\_\_

Examples: Medication crushed; takes whole in applesauce; give with food provided; etc.

A permission form must be on file for each medication given during school hours. Forms must be renewed annually and updated as changes occur.

**Medications must be sent to school in their original container. Do not send medications in zip-loc bags or envelopes. Improperly labeled medications will not be given.**