

# Maquoketa Community Schools

## Medication for Students

Dear Parents,

To comply with the Code of Iowa Chapter 41.404 and the board policy 507.2, the Maquoketa Community Schools do NOT DISPENSE ANY MEDICATION TO A STUDENT without a completed MEDICATION PERMISSION FORM signed by a parent and physician. The original pharmacy medication container must be sent to the school with the following information on it:

1. Name of medication
2. Dosage
3. Time medication is to be given
4. Name of physician prescribing medication
5. Name of student
6. Route to administer (i.e. by mouth)

Please remind your child that he/she is responsible for asking for medication at the appropriate time. We will NOT REMIND your child.

**SPECIAL NOTE:** It is advisable to have a bottle of some type of pain reliever at school for your child if you are a working parent, don't have a phone or not easily reached at home. This medication could include; Tylenol, Advil, Ibuprofen, etc. Your child would be allowed to take an appropriate dose from their own medication bottles in the case of a fever, headache, or injury. Hopefully this practice will promote your child's comfort until you can be reached so they can be taken home. The completed form should accompany their medication bottle to school.

### **MEDICATION PERMISSION FORM**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

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

Physician Name \_\_\_\_\_ Time to be given \_\_\_\_\_

Reason for medication \_\_\_\_\_ Days to be given \_\_\_\_\_

Side effects, if any \_\_\_\_\_

On **late start days**, morning medication \_\_\_\_\_ will be given to child at home before coming to school.  
\_\_\_\_\_ should still be given when child arrives at school

On **early out days**, afternoon medication \_\_\_\_\_ will be given to child when arrives at home.  
\_\_\_\_\_ should still be given to child before leaving school.

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

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

### **MEDICATION PERMISSION FORM NON-PRESCRIPTION DRUGS**

I am sending a bottle of \_\_\_\_\_ to be used by my child (named in above form) as needed for headache, minor pain, upset stomach, etc. during this school year. Dose to administer and frequency \_\_\_\_\_.

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