

**REGIS HEALTH PROMOTION CENTER**

**735 Prairie Drive NE Cedar Rapids, IA 52402 Telephone: (319) 363-1968**

**MEDICATION ADMINISTRATION PERMISSION FORM**

Student \_\_\_\_\_ Grade \_\_\_\_\_

Physician/Prescriber \_\_\_\_\_ Phone \_\_\_\_\_

Name of medication \_\_\_\_\_

Diagnosis \_\_\_\_\_

Please give the above medication:

Dosage \_\_\_\_\_ Route if other than oral \_\_\_\_\_

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

Start date \_\_\_\_\_ End date \_\_\_\_\_

I request that the medication be dispensed according to these written instructions. I request that the medication be given by a qualified staff person. The student has experienced no previous side effects from the medication.

I understand the law provides that there shall be no liability for damages as a result of the administration of medication where the person administering the medication acts as a reasonably prudent person would under the same circumstances and that the school district and the school nurse are to incur no liability, except for gross negligence as a result of injury arising from the administration of medication.

Parent/Guardian (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Medication will not be given if it has expired or is improperly labeled. Please check the container before sending it to school. Prescription medications should be provided in the original labeled container from the pharmacy. You may request an additional labeled bottle for school use when picking up your prescription at the pharmacy.**

**PERMISSION FOR DISPOSAL OF MEDICATION**

I will pick up my student's medication within 1 week of the last day of school.

Send medication home with my child (student will assume responsibility once given to them)

Discard any remaining medication

If any medication is left after the last day of school, it will be discarded 1 week after school is out for Summer.