OSKALOOSA COMMUNITY SCHOOLS MEDICATION REQUEST FORM

<u>Prescription Drugs</u> - must be sent in the original bottle with prescription label intact, with name of student, name and strength of drug, amount and time to be given, date ordered (must be current), and name of doctor. Prescription medication also requires written and dated authorization from a parent/guardian **and** a prescribing doctor. (See form below).

Over-the-Counter Drugs - must be sent in the original container, with label and directions intact. Student's name must be on the container. This category includes Tylenol, cough drops, ointments, eye drops, etc. The school has the right to refuse to give OTC medication, if the nurse determines it to be inappropriate to administer. OTC medications to be given differently than stated on label directions will require a doctor's authorization to administer.

EXCEPTION ONLY FOR THE MIDDLE SCHOOL AND HIGH SCHOOL:

Non-prescription medication may be administered at the middle school and high school by the school nurse with ONLY a parent or legal guardian's written consent. Based upon assessment findings, a school nurse can determine if it is appropriate to administer the medication.

	Request for Medication Administration at School
Student Name	grade
Medication Name	strength
Amount to be given	
Time to be given	
Dates to be given	
Why does student need this medi	
_	istered by school personnel, or istered by student *(must have physician's signature)
*Physician Name/Signature	*Date
I absolve the Oskaloosa Commun providing directions are carefully	ols, and the person administering the medication, of all liability in giving this medication, .
Parent Signature	Date

By signing this form you are giving the Health Staff permission to discuss this medication with the student's teachers, staff and doctor.