

# URBANDALE COMMUNITY SCHOOLS

## AUTHORIZATION TO ADMINISTER MEDICATION TO STUDENTS

Medication (prescription and over-the-counter) to be administered at school will be done under the supervision of the School Nurse by qualified staff.

The medication must be sent to school in its original container with the prescription label, or manufacturer's label, clearly visible.

A request to administer the medication must include the student's name, name of the medication, dose, and dates and time to be given.

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

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

*Sunscreen name (Adventuretime summer only)* \_\_\_\_\_

Time to be given at school \_\_\_\_\_ Route \_\_\_\_\_  
(oral, inhaler, other \_\_\_\_\_)

Date to begin \_\_\_\_\_ Date to end \_\_\_\_\_

Physician/Dentist \_\_\_\_\_ Phone \_\_\_\_\_

I request that the above medication be given according to these written directions.

I give the school nurse permission to contact the physician or dentist as needed.

I understand that all medications need to be picked up at the end of the school year or they will be destroyed.

I further understand that all health information is confidential and may be shared only on a professional basis with school personnel when deemed necessary.

\_\_\_\_\_  
Signature of parent/guardian                      Date                      Phone