Iowa County School District Medication Consent Form

Barneveld *Dodgeville* *Highland* *Iowa Grant* *Mineral Point*

Name of Student: _____ Grade: _____

School: _____ Teacher: _____

Name of Medication: _____ Dosage: _____

Times to be given: _____ Date to discontinue: _____

Reason for medication: _____

ALLERGIES: _____
(LIST MEDICATION AND REACTION)

*******ALL MEDICATIONS MUST BE SUPPLIED BY THE PARENTS; LABELED WITH YOUR CHILD'S NAME AND DIRECTIONS*********

If medication is to be given on an "as needed" (PRN) basis, state conditions under which medication is to be given. This would include over-the-counter medications such as Tylenol, Ibuprofen, Cough Syrup, ect,…

_____

_____

_____

The following section must be completed by the physician for any prescription medication to be administered at school.

The physician whose signature is shown below orders the administration of the medication as described above and agrees to accept communication about student/medication. The physician understands that the medication(s) will be administered by non-medically trained personnel. (Please state any conditions where contact should be made with you in regard to the condition or reaction of the student receiving the medication.)

_____ _____ _____
Physician's Signature Date Phone Number

I hereby authorize the above needed school to give medications(s) to my child according to the directions stated above, and further authorize them to contact the child's physician. I agree to hold the School District, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school. I also agree to inform the school in writing immediately of any change in medication order. I will supply limited quantities of the medication in the original container labeled plainly with child's full name, name of drug and dosage, time and quantity to be given, and physician's name.

_____
Signature of Parent/Legal Guardian Date

_____
Signature of School Nurse Date