Authorization of Medication Administration Easton Valley Community School District

Administrative Office 321 West School St Preston, IA 52069

Phone: 689-3431 Fax: 689-5823

Prescription Medications:		y prescribed container	
	Pharmacist Label r	nust state: Student's nan	
		Medication r	
			r use and date
	Medication must <u>no</u>		
	Parental or legal gu	ardian must provide aut	horization and instruction.
		nal manufacturer's cont	ainer
	Medication must <u>no</u>		
			horization and instruction.
			your child will be given,
	if a higher dosage is	required a doctor's note	s is needed.
Natural remedies/supplements m	nav not ha administa	rad to school children w	han the school nurse is unable to
			the substance; the appropriate dose for
a child of a specific age, weight, a			
1 8,	,	,	
All Medication	Must Re In Ti	he Original or Pri	escription Container.
•			ts have been made with the nurse.
m medications must be kept in	i the hurse's office u	iniess other arrangemen	is have been made with the hurse.
		/ /	
Student's Name (Last), (First) (Middle	e)	// Birthday	
, (), ()	,		
Medication/Health Service	Dosage	Route	Time at School
Administration instructions			
Special instructions and Possible Side	Effects		
Special moracions and resistore state	Birous		
		//	/
Prescriber's Name		Date //	Discontinue /
T		/I 121 · 2 1	1 1 1 1 2 2 2
			ol and school activities, according to
			siderations are noted above. The
			on Rights and Privacy Act (FERPA
I agree to coordinate and wo	rk with school per	sonnel and prescriber	when questions arise. I agree to
provide safe delivery of medi	ication and equipn	nent to and from schoo	ol and to pick up remaining
medication and equipment a			
• •		•	
		/	I
Parent's Signature		Date	
200,200			
II N	0.11.01	,,,	
Home Phone	Cell Phone		

Individual Student Medication Record

Student Name:						Age:		Gra	Grade:		Ro	Room #:			Aller	Allergies:								
Parent Phone #:									Em	ergenc	Emergency Contact:	tact:				0								
Med 1:	Dr. Rx:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					Dr. Pl	Dr. Phone #:		ę.	c		Ď	Dose/Route:	te:						Time:			
Med 2:	Dr. Rx:	čx:					Dr. Pl	Dr. Phone #:					Do	Dose/Route:	[] 					: E	Time:			
1 2	3 4 5	2 9	8	9 10	0 11	12	13	14	15	16 1	17 18	19	20	21	22	23	24	25	26	27		29 3	30 3	12.
Aug.																							15 (VS)	1
Sept.																								Jan Jan
Oct.																								
Nov.																								
Dec.																								
Jan																								
				H	+	\sqcup			H	H	+	\sqcup	Ш	Ш					Ħ		+			
Feb.																								
Mar.																								
Apr.																								
May																								
June																								
Codes: (X) Weekend	end (H) Holiday	1 1	(E) Early Dismissal	smissal	1 1	(S) Snow Day	1	(N) No Medication Available	Media	cation	Availa		W) D	(W) Dose Withheld	thheld		(A) Absent) See	Progre	ess No	tes on	(P) See Progress Notes on Back	
Signature Person Administering	Iministering	Title	Initials	-	Date	2	ledicat	Medication Returned	turned		Date	Date Initials	slı	An	Amt. Rec'd. Date Initials	.d. D	ite Ini	tials	Ar	nt. Re	c'd. I)ate I	Amt. Rec'd. Date Initials	/a
			Ш	+++		2	ledicat	Medication Destroyed	stroyed		Date	Date Initials	ıls						$\perp \downarrow \downarrow \downarrow$					

Heartland AEA 11

^{*}Note documentation of possible medication side effects, physician contact, unusual circumstances, and parental notifications is found in the student medication progress notes on reverse.