

**PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF  
MEDICATION OR SPECIAL HEALTH SERVICES TO STUDENTS AT SCHOOL**

\_\_\_\_\_  
Student Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Birthdate

\_\_\_\_\_  
School Campus

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

The following information is to be on the original prescription bottle/container and properly labeled by a registered pharmacist:

1. Student name
2. Name of medication
3. Dosage
4. Time medication is to be given
5. Physician's name

\_\_\_\_\_  
Prescriber (printed)

\_\_\_\_\_  
Prescriber's phone number

Medication/Special Health Service	Dosage	Route	Time at school	Duration/stop date

Special instructions: \_\_\_\_\_

- I request that the prescribed medication be administered by a qualified staff person according to the prescription directions.
- I agree to coordinate and work with the school personnel and prescriber when questions arise.
- I agree to provide safe delivery of medication to and from school and to pick up remaining medications.
- 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 and as an ordinary reasonable 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.
- The parent/guardian is responsible for submitting a new prescriber's order form to the school each time there is a change of dose or time of administration times or when a medication has been discontinued. Prescriber's orders may be faxed to the school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

*This information is confidential except as provided by the Family Educational Rights and Privacy Act (FERPA) and any other applicable law. Procedures for medication disposal shall be in accordance with federal and state law.*



Additional important information regarding medication administration at school/activities

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1. No medications will be administered to a student in school or during school sponsored activities without a parent/guardian written authorization and a prescriber's written order for prescription medications. Parents are responsible for obtaining the prescriber order.
  - a. **Prescription medications:** A current pharmacy labeled container can serve as the written prescriber's order. A second labeled medication container can be obtained for school use by asking the pharmacist.
  - b. **Over-the-counter/non-prescription medication:** The health office will keep a supply of various over-the-counter medications and will be given only with parent/guardian written permission (done during online registration).
    - i. If a parent would like to supply their child with over-the-counter medication while in school, please bring in the original medication container with the student's name and birth date attached.
    - ii. Qualified staff will not dispense any medication that is expired.
2. Students who must carry inhalers or emergency medications (epi-pens) throughout the school day must complete the "*ASTHMA/OTHER AIRWAY CONSTRICTION DISEASE MEDICATION OR EPINEPHRINE AUTO-INJECTOR SELF-ADMINISTRATION CONSENT*" form.
3. To ensure the safety of all children, we request that a parent or another responsible adult deliver and pick up all medications to the office/and or health office.
4. The AGWSR Community School District does not assume responsibility for medication not prescribed by a physician/prescriber or medication administered by the student themselves.
5. Fax numbers:
  - a. Ackley Elementary: 641-847-2612
  - b. High School: 641-847-3345
  - c. Wellsburg Building: 641-869-3426
6. Any questions should be directed to the District Nurse, Kaitin Kreimeyer, RN-BSN.
  - a. Email: [kkreimeyer@agwsr.org](mailto:kkreimeyer@agwsr.org)
  - b. Phone: 641-847-6211