Charles City Schools
PERMISSION FOR GIVING MEDICINE AT SCHOOL (Code No. 507.2)

Parents: Ask your pharmacist for a second bottle with a label to send part of the medication to school.

*Please do not send medication to school unless absolutely necessary.

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Birthdate</th>
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<table>
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<tr>
<th>Teacher's Name</th>
<th>Grade</th>
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Medication: ___________________________  Route (please circle): Oral  Inhalation  Topical  eye  ear  other: ________

Dosage: ___________________________  Time to be Given: ________ a.m.  ________ p.m.

Date-From: _______________________  To: ______________________

Illness or condition causing necessity for medication: _____________________________________________________

Medical provider prescribing this medication: ___________________________  Phone: ______________________

Do you want this medicine given when school is dismissed early?  Yes or No
Do you want this medicine given when school begins 2 hours late?  Yes or No

Medication furnished by parent is administered at school following these guidelines:
1. Parent/guardian signed, dated authorization to administer the medication.
2. The medication is in the original labeled container as dispensed or the manufacturer’s labeled container.
3. The medication label contains the student name, name of the medication, dose, and time.

Annual renewal of authorization and immediate notification, in writing, of changes.

I request the above student be given the medication at school and school activities by qualified staff according to the prescription or nonprescription instructions and a record maintained. The student has experienced no previous side effects from this medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonable, prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school, and to pick up remaining medication and equipment or it will be properly destroyed at the end of treatment or at the end of that school year.

Parent Signature: ___________________________  Date: ______________________

BELOW FOR SCHOOL USE ONLY

<table>
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<tr>
<th>Staff Initials</th>
<th>Signature</th>
<th>Staff Initials</th>
<th>Signature</th>
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See reverse for PRN medication documentation or use daily medication administration card stock record.

Medication sent home: Yes  No  Proper Disposal: ___________________________  Signature: ________________________________