

Ankeny Christian Academy

Request to Administer Medication in School Information and Procedures

Medication may be administered at Ankeny Christian Academy by authorized personnel with written parent/guardian authorization. All medications should be taken before or after school hours whenever possible. However, it is understood that medications may be required during the school day.

Prescription medication: A current pharmacy labeled container can serve as the written prescriber's order. A second labeled medication container can be obtained for use by asking the pharmacist. Parent/guardian written authorization is also required.

Over-the-counter medication: Over-the-counter medication will be given only with parent/guardian written authorization. Over-the-counter prescription medications are to be provided by the parent/guardian and sent to school in the original medication container with the student's name attached.

The parent/guardian is responsible for notifying the school when a medication has been discontinued or changed.

To ensure the safety of all children we request that a parent or another responsible adult deliver medication to the office.

The first dosage of any new prescription must be given at home so that the child can be more closely observed for possible side affects.

Students who must carry inhalers or airway constricting medication throughout the school day need a written prescriber's order on file. This must state the purpose of the medication , dosage, times for medication to be given , and/or special circumstances under which the medication is to be given; and that the student must carry the medication at all times. Pursuant to state law, the school district or accredited nonpublic school and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication by the student.

Authorization on all medicines should be renewed annually. If any changes occur in the medication, dosage or time of administration, the parent is to notify school personnel immediately. The authorization shall be reviewed as soon as practical.

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 as an ordinary reasonably prudent person would under the same circumstances and that Ankeny Christian Academy shall incur no liability, except for gross negligence, as a result of injury arising from the administration of medication.

I have read the above procedures and will comply with Ankeny Christian Academy's procedures related to the administration of medication at school

Parent/Guardian Name _____

Signature _____

Date _____

Home Phone _____

Work Phone _____

Cell Phone _____

PERMIT TO ADMINISTER MEDICATION

(Signed permit is good for the current school year only)

Student Name _____ Grade _____

Name of Medication: _____ Amount to be given: _____

Dates to be given: _____ Times to be given: _____

Reason for medication: _____

Possible side effects of medication: _____

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Reason for medication: _____

Possible side effects of medication: _____

Signature of Parent/Guardian Date

Permission for disposal of unused medication at the end of the school year

_____ I will pick up any unused medication at the end of the school year.

_____ Please discard any unused medication at the end of the school year.

Signature of Parent/Guardian Date

Permission for inhalers

Iowa law requires that students who carry inhalers throughout the school day must have written parent consent and written prescriber consent with the purpose of the medication, dosage, times or special circumstances under which the medication is to be given. If your child is to carry his/her inhaler with them at all times, please have the prescriber fill out information at the top of the page AND sign below.

I have instructed the above named student in the proper way to use his/her inhaler or _____ (other airway constricting disease medication). It is my professional opinion that he/she should be allowed to carry and use that medication by himself/herself.

Physician/Prescriber signature Date

I request that the above named student carry and self-administer his/her inhaler during school and school activities according to the authorization and instructions given.

Parent/Guardian signature Date