



# Linn-Mar Community Schools Medication Permission Form

To insure compliance with the Board Policy for administering medication at school, the following procedure must be followed:

- ⊕ **ALL MEDICATION MUST BE DELIVERED TO AND FROM SCHOOL BY PARENT/LEGAL GUARDIAN IN THE ORIGINAL AND PROPERLY LABELED CONTAINER.** The container must include the following information: student name, medication, dosage, time, route and physician. Written authorization and instructions must be provided by parent/legal guardian for all medication. The school nurse shall have the right to contact the prescribing physician to confirm or clarify medication instructions. The time of medication administration may need to be altered slightly to fit your student's schedule.
- ⊕ For preschool through 5<sup>th</sup> grade students, a physician/dentist signature is required before any non-prescription over-the-counter medication will be given. This includes Acetaminophen, Ibuprofen, cough medicines, etc. All medications administered for PK-5<sup>th</sup> grade must be provided by a parent/legal guardian.
- ⊕ High school and middle school students (Grades 6-12), in accordance with Health Services protocols for common complaints of pain or illness, may have limited, over-the-counter medication with written parental consent.
- ⊕ Students in Grades 6-12 will be allowed a limited number of standard dose Acetaminophen or Ibuprofen each school year. The standard dose of these two medications will be provided by Linn-Mar Health Services. All other over the counter medications for Grades 6-12 must be supplied by a parent/legal guardian. Parent/legal guardian must supply any medication that needs to be given in liquid/chewable form or different than the standard dose we supply.
- ⊕ If any medication remains after the last day of school, it will be discarded within 24 hours per federal and state law.

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

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ For \_\_\_\_\_ (health condition)

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

**Physician signature required for non-prescription medications for students preschool-5<sup>th</sup> grade.**

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR RELEASE OF INFORMATION:** I give permission for the parties named below to exchange written and verbal information with personnel at LMCSDD regarding the above named student. If this medication is for attention or behavior concerns, LMCSDD may send behavior checklists to the physician named below. This permission is for one school year.

**Specific authorization for release of information protected by state or federal law:**

My signature releases all information related to (check appropriate spots):

\_\_\_Mental Health/Psychological \_\_\_Substance Abuse \_\_\_Allergies \_\_\_Asthma

Other (Specify): \_\_\_\_\_

Physician/Facility \_\_\_\_\_ Phone \_\_\_\_\_

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