



RIVERMONT COLLEGIATE

Parent and Physician's Authorization for Student Medication While at School

This form must be completed in order for school personnel to administer medication (prescription or non-prescription) during the school day. Please submit this form along with the medication. Medication must be marked clearly with the student's name and be in the original manufacturer's container or labeled prescription bottle. Medication should be given to Mrs. Linda Paget in the Mansion for MS/US students (6th-12th Grade) and to Ms. Tammi Burrell in Becherer Hall for ES/LS students (PreSchool-5th Grade).

Patient's Name: Last First Middle Date of birth Grade

Medication Dosage Route Time to be given

Additional instructions or directives

Beginning date Discontinue/re-evaluate/follow-up date

Purpose of medication

Signs to observe or side effects

Physician's Authorization for Prescription Medication

Physician: Please check ONE

- This medication is to be administered by school staff during the school day.
This medication is an asthma medication which the student will carry with them and may self-administer during the school day. (ONLY asthma medication may be self-administered during the school day.)

Physician's signature

Physician's address and emergency phone

Parent's Request Regarding Student Medication While at School

Parent/Guardian: Please check ONE

I request that the medication listed above be administered by school personnel to my child during the school day. This information is confidential according to the Family Education Rights and Privacy Act and only school personnel needing to know will have access to the information. I agree to coordinate and work with school personnel and the prescriber when questions arise. I agree to provide safe delivery of medication and/or equipment to and from school and to pick up remaining medication at the end of the school year.

Parent Signature Date Daytime contact number

OR

I request that school personnel permit my child to self-administer asthma medication as stated by the physician above. I acknowledge that Rivermont Collegiate is to incur no liability, except for gross negligence, as a result of self-administration of medication by the student as established by Iowa Code 280.16.

Parent Signature Date Daytime contact number