



Montezuma Community School

504 N. 4th Street
Montezuma, IA 50171

Phone: 641 623-5121

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Parent Authorization and Release Form for Medication Administration (Code no. 507.2)

Student's Name: _____ Birthday: _____ Grade: _____

Student's Allergies: _____

Medication	Dosage	Route Taken	Time of Day
_____	_____	_____	_____
Prescriber & Phone: _____		Reason for med: _____	

Medication	Dosage	Route Taken	Time of Day
_____	_____	_____	_____
Prescriber & Phone: _____		Reason for med: _____	

Medication	Dosage	Route Taken	Time of Day
_____	_____	_____	_____
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Medication	Dosage	Route Taken	Time of Day
_____	_____	_____	_____
Prescriber & Phone: _____		Reason for med: _____	

School medication and health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer medications and/or provide health services
- The medication is in original, labeled container as dispensed or manufacturer's labeled container
- The medication label contains the student's name, name of the medication, directions for use, and date filled
- Written parental authorization is renewed annually and immediately when parent notifies the school of changes to prescription
- The student has experienced no previous side effects from this medication

PLEASE READ: I request that the above medication(s) be given to the student while in school and records be maintained. I agree that the school personnel may contact the prescriber as needed and medication information may be shared with school personnel who need to know. I will notify the school immediately if changes occur to medication dosage, time of administration, or discontinuation of medication and will fill out new forms accordingly. I understand that state law provides that there shall be no liability for civil damages as a result of the administration of medication/healthcare where the person administering the medication/procedure acts as an ordinarily reasonable prudent person would under the same or similar circumstances. I agree to the safe delivery of medication and equipment to and from school and pick up remaining medication and equipment or it will be properly destroyed. Medication will be administered by a registered nurse or other qualified personnel. Remind the student that he/she is responsible for requesting medication at appropriate times.

PLEASE NOTE: All medications must be transported to and from the school by an adult. Do not send medications to school with the student.

Parent/Guardian Signature: _____ Date: _____

Daytime Phone number: _____

If student carries their own approved medication (i.e. inhaler, or Epi-pen) school is not liable for any lost medication.

____ (Parent Initials)