



Medication Permission Form

Code 504.31-E1

To ensure compliance with Linn-Mar policy for administering medication at school, the following procedures must be followed:

- ⊕ **ALL MEDICATIONS MUST BE DELIVERED TO AND FROM SCHOOL BY THE 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 the parent/legal guardian for all medications. The school nurse will 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 the student's schedule.
- ⊕ For preschool through 4th grade students, a physician's/dentist's signature is required before any non-prescription, over-the-counter medications will be given. This includes acetaminophen, ibuprofen, cough medicines, etc. All medications administered for preschool through 4th grade students must be provided by the parent/legal guardian in their original and properly labeled containers.
- ⊕ High school and middle school students (Grades 5-12), in accordance with Health Services protocols for common complaints of pain or illness, may have limited over-the-counter medications with written or PowerSchool eRegistration parental consent.
- ⊕ Students in grades 5-12 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. Acetaminophen and ibuprofen will be given per board policy at the nurse's discretion. Frequent dosing may require a physician's order and the parent/legal guardian to supply the medication. All other over-the-counter medications for grades 5-12 must be supplied by the parent/legal guardian. The parent/legal guardian must supply any medications in liquid/chewable form or that are different than the standard dose the district supplies.
- ⊕ If any medications remain after the last day of school, they will be discarded within 24 hours per federal and state laws.

Student Name _____ Grade _____
 Medication _____ Dosage _____ Time _____
 Start Date _____ End Date _____ For _____ (health condition)
 Parent/Guardian Signature _____ Date _____

Physician's/Dentist's signature required for non-prescription medications for students in preschool-4th grades.

Physician/Dentist Signature: _____ Date _____

CONSENT FOR RELEASE OF INFORMATION: I give permission for the parties named below to exchange written and verbal information with personnel at LMCS D regarding the above-named student. If this medication is for attention or behavior concerns, LMCS D 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 laws:

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

___Mental Health/Psychological ___Substance Abuse ___Allergies ___Asthma

Other (Specify) _____

Physician/Facility _____ Phone _____

Parent/Guardian Signature _____ Date _____