



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 MEDICATION 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 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 6th 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 preschool through 6th grade students must be provided by the parent/legal guardian in their original and properly labeled containers.
- ⊕ High school and middle school students (Grades 7-12), in accordance with Health Services protocols for common complaints of pain or illness, may have limited, over-the-counter medication with written or PowerSchool eRegistration parental consent.
- ⊕ Students in grades 7-12 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 7-12 must be supplied by the parent/legal guardian. The parent/legal guardian must supply any medications that need to be given in liquid/chewable form or different than the standard dose the district supplies.
- ⊕ 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 in preschool-6th grades.

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 LMCSO regarding the above-named student. If this medication is for attention or behavior concerns, LMCSO 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 _____