In accord with the policy of the Edgewood-Colesburg Community School, if medication is to be given at school, we must have written authorization and instruction must be provided by a parent or legal guardian.

Please refer to Ed-Co Medication Policy below:

ED-CO MEDICATION POLICY

A. The Ed-Co Community School District authorization form signed by the parent or legal guardian must be on file for each medication to be given during school hours.

B. Only medication prescribed by a physician will be given at school. Exception: In special circumstances and after consultation between parent/guardian and the school personnel certain non-prescription drugs may be given for short-term therapy (e.g. antihistamines, antitussives, antipyretics, etc.).

C. All prescription medications must be kept in original pharmacist's container, with the original label attached, and must include:

1. Name of pupil
2. Name of medication
3. Strength and dosage prescribed
4. Name of physician
5. Name and address of pharmacy
6. Date of prescription

Ask your pharmacist for a school bottle they will usually provide one for you.

D. Inhalers
The 2004 Iowa Legislation enacted a law which allows students with asthma or other airway constricting diseases to carry and self-administer medications (such as inhalers) with the consent of parents **and their physician**. Please ask your physician to sign a consent form.

E. All medications will be kept in a closed, locked container. Only the school personnel will have access to the container. Any staff member administering medication will have knowledge of:

1. Reason for medication
2. Usual dosage
3. Mode of administration
4. Possible side effects

F. A written record of the administration of each medication will be maintained. This record will include:

1. Student's full name
2. Name and strength of medication
3. Dosage and time of administration
4. Date given and name of person administering
5. Pertinent observations (seizure, elevated temp)

Edgewood-Colesburg Community Schools
Edgewood (563) 928-6412 / Colesburg (563) 856-2415

Consent To Receive Prescription and Over-The-Counter (OTC) Medications

Student		Grade	
Physician/Prescriber		Phone	
Name of Medication		Name of Pharmacy	
Diagnosis			
Please give the above medication:			
Amount		Time of day	
Starting date		Ending Date	
Amount sent			

I request that the prescribed drugs or medication be dispensed according to these written directions.
I request that a qualified staff person give this medication. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

I understand the law provides that there shall be no liability for damages as a result of the administration of medication where the person administering the medication acts as an ordinary reasonably prudent person would under the same circumstances and that the school district and the school nurse are to incur no liability, except for gross negligence, as a result of injury arising from the self-administration of medication by the student.

Parent/Guardian_____

Signature_____Date_____

Home phone_____ Work Phone_____

MEDICATION WILL NOT BE GIVEN IF IT HAS EXPIRED OR IT HAS AN IMPROPER LABEL. PLEASE CHECK THE CONTAINER BEFORE SENDING IT TO SCHOOL.

SUGGESTION: WHEN YOU PICK UP YOUR CHILD'S PRESCRIPTION ASK YOUR PHARMACIST FOR A BOTTLE LABELED FOR SCHOOL USE.

INHALERS

The 2004 Iowa Legislation enacted a law which allows students with asthma or other airway constricting diseases to carry and self-administer medication (such as inhalers) with **NOT ONLY** signed parental consent, **BUT ALSO** the Physician's signature. Please ask your physician to fill out the following information:

Medication		Dosage & Route	
Purpose of Medication			
Special circumstances when medication is to be administered or specific instructions school staff should be aware of:			
Prescriber's Signature (MD, PA, or NP only):			
Address/Phone:			