ALGONA COMMUNITY SCHOOLS SCHOOL MEDICATION AUTHORIZATION AND INSTUCTION FORM

Student's Name	Date			
Medication Name/Dosage	Amount to be given			
Time(s) to be given at school	Reason for medication			
Prescribed by				
prescription or over the counter instructions. medication. I agree that the School Nurse ma information can be shared with school person damages as a result of the administration of m reasonably prudent person would under the sa bottle with the current and correct prescribed	onnel to see the above named student receives this medication according to the I verify that the student has experienced no previous side effects from this y contact the prescriber and the pharmacist as needed, and that medication nel who need to know. I understand that there shall be no liability for civil nedication where the person administering the medication acts as an ordinarily me or similar circumstances. Prescription medicine must be in its original directions. Over the counter medicines must be in the original bottle and safe delivery to and from the school. If any medication is left after the last day our hours.			
Parent Signature	Date			

ven by	X=No Sch	1001			For School Use Only					
_		X=No School		t O=	O=not given (requires comm			ment). See back for comments.		
Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June

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PERMISSION FOR SELF-ADMINISTRATION OF ASTHMA OR AIRWAY CONSTRICTING DISEASE MEDICATION ((S)

(Please fill out "parent portion" on front page)
A student with asthma or other airway constricting disease may possess and use the student's medication while at school and school-

sponsored a may be imp as a result of	activities. If the student abuses of any injury arising from serdian Signature	ses the self-administration, the school district and its lf-administration of medical	policy, the ability to sel employees acting reasone by student.	f-administer may be nably and in good fa	withdrawn or discipline
(Please fill A student v abuses the s and its emp insulin by s	PF out "parent portion" on from with diabetes may possess ar self-administration policy, the bloyees acting reasonably an estudent.	ERMISSION FOR SELF-A tt page) and use the student's medica ne ability to self-administer d in good faith shall incur	addinistration of and and another tion while at school and a may be withdrawn or one liability as a result of	F INSULIN I school-sponsored a discipline may be in f any injury arising	activities. If the student aposed. The school district from self-administration of
	rdian Signature				
	ZED ADMINISTRATION		Data	MEDICATION SU	
Signature/	Title of Administration Pe	rsonnei Initiais	Date	Amt Recia	Disposition
1					
PRN ADM	INISTRATION		PRN AD	OMINISTRATION	
Date/Time		Given by	Date/Time	Reason	Given by
Date/ Hille	i i i i i i i i i i i i i i i i i i i	Given by	Date/Time	ixeason	Given by
COMMEN	TS-PLEASE SIGN ALL CO	OMMENTS			
Date	Comment				Signature