

Gilmore City-Bradgate Elementary

402 SE "E" Avenue; Gilmore City, IA 50541
515-373-6124

AUTHORIZATION FOR MEDICATION: Prescription

Student's Name: _____ Date of Birth: _____ Grade: _____
School: _____ Phone #: _____ Fax#: _____

Allergies: _____

Diagnosis: _____

MEDICATION	DOSAGE & ROUTE	FREQUENCY	SPECIFIC TIMES	SPECIAL INSTRUCTIONS/ SIDE EFFECTS

List any emergency precautions / health emergencies that should be anticipated for this student; e.g. allergy triggers, diabetic reactions, etc.) : _____

_____ There are no extraordinary
emergency medical services available at school. Since only CPR and first aid are available until 911 arrive, is
this adequate for student survival? ☐ YES ☐ NO, IF "NO", specifies:

Physician's Name (Printed)

Physician's Telephone & Fax Numbers

Physician's Office Address

Date Completed

PARENTAL PERMISSION FOR MEDICATION (TO BE COMPLETED BY THE STUDENT'S PARENT / GUARDIAN)

Student's Name: _____ Date of Birth: _____ Grade: _____

I grant the principal or his / her designee the permission to assist or perform the administration of each medication to or for my child during the school day, including when he/she is away from school property for official school events. If my child has been authorized by his/her physician to self-administer their medication(s), I grant permission for my child to self-administer their medication at school and when they are away from school property for official school events. In the event that my child is unable to self-administer their medication, I give permission for the principal/designee to perform the administration of the prescribed medication.

NOTE:

- **Medications must be supplied in the original container.** Ask the pharmacist to divide the medication into two completely labeled containers, providing one for home and one for school.
- School personnel may administer only medications authorized by a physician.
- It is your responsibility to notify the school when there is a change in medication regimen.

Parent / Guardian Name (Printed)

Signature of Parent / Guardian

Date Signed

Home Phone Number

Work/Cell Phone Number (Include Ext. if any)