

St. Francis Xavier School
Administration of Prescribed Medications
Information Sheet & Doctor Request Form

Please note that if at any time during the school year your child needs to have prescribed medication administered to them, the ***“Request for Medication To Be Given At School”*** form, found at the bottom of this sheet, needs to be completed. Please remember that the form **MUST** be **FILLED OUT, SIGNED** by the doctor and returned to school, and medication **MUST** be brought to school in the **ORIGINAL** bottle/container. **NO** baggies or other containers from home with medication in them will be accepted! If you need an extra bottle/container for school use, please speak with your pharmacist, explain the situation, and they can accommodate. If you have any questions, please contact the school at 875-7376.

Thank you,
Jolene Bagge, RN, BSN

REQUEST FOR MEDICATION TO BE GIVEN AT SCHOOL

I request that medication be given by the school nurse or qualified personnel to:

Name of Student: _____

Medication: _____

First Dose	Dose: _____ mg	Time: _____
Second Dose	Dose: _____ mg	Time: _____
Third Dose	Dose: _____ mg	Time: _____

Length of time medication will be required: School Year _____
Other _____

For what purpose has medication been prescribed: _____

Is the before school dose given at: Home _____ School _____

Additional Instructions: _____

To comply with the Iowa Administrative Code Section 41.12(11) entitled “Medication Administration”, a physician’s description of anticipated reactions of the student to the medication must be filed at the school. Please list any anticipated reactions:

(signature of Physician)

(date)

(signature of Parent or Guardian)

(date)

**THIS COMPLETED SHEET MUST BE AT YOUR CHILD’S SCHOOL BEFORE ANY
MEDICATION WILL BE GIVEN.**