

CLAYTON RIDGE COMMUNITY SCHOOL DISTRICT

Clayton Ridge Elementary
131 S River Park Drive
Guttenberg, IA 52052

Clayton Ridge Middle School
502 W Watson St.
Garnavillo, IA 52049

Clayton Ridge High School
131 S River Park Drive
Guttenberg, IA 52052

Request For Medication To Be Given At School

Name of student _____ Grade _____

Name of medication _____

Reason for medication _____

Instructions: Size of dose _____ Time to give _____

Size of dose _____ Time to give _____

Additional instructions _____

This order is in effect for this school year unless otherwise indicated.

Yes _____ Other _____

Please list any anticipated reactions / side effects of the medication.

Prescribing Physician _____ Date _____

In the event of a 2 hour delayed start, medication that is normally scheduled for 8:00 a.m. shall:

_____ Still be given upon student arrival to school (between 10:00 and 10:30)

_____ NOT be given at school (morning dose will be given at home)

For inhaler use only: please check one

_____ Inhaler will be kept at school in the nurse's office

_____ Student will bring inhaler only if needed

_____ Student may carry inhaler and self-administer per physician instruction. (The school district and it's employees shall incur no liability for any improper use of the inhaler by the student.)

I give permission for (name of student) _____ to receive the above medication at school according to school policy. Medication will be supplied in its original, properly labeled container. I will notify the school nurse in writing of any changes. (School policy relating to medication can be found on opposite side of this form.)

Parent / Guardian Signature _____ Date _____

If your child is taking daily medication at home as well, please list medications, dose, time taken, and reason for taking.

