

Waterloo School District
Administering Medication to Students- Prescription and Non-Prescription
(Please return to your child's school)

Student Name_____

Physician Name_____

Birthdate_____ Male_____ Female_____

Physician Address_____

School_____ Grade _____

Parent/Guardian_____

Physician Phone_____

Home Phone_____ Work Phone_____

Physician Fax_____

To Parent/Guardian/Physician:

The Waterloo School District is required by state statute to give prescription medication to students only with the complete directions from a physician and signed consent by parent/guardian. Medication must be supplied in the original container or packaging. For safety and liability reasons, medication received in any container other than the original will not be acceptable for staff administration. By signing this form, you release the Board of Education and its agents and employees from any and all liability which may result from taking this medication.

Medication_____ Dosage_____ Frequency_____

Start Date_____ End Date_____

Form: Tablet/Capsule _____ Liquid _____ Inhaler _____ Nebulizer _____ Injection_____

For episodic/emergency events only_____ Other_____

*Emergency Medications (inhaler, glucagon, insulin, epi-pen)- can student self-administer/carry: Yes _____ No _____

Time(s) to be given_____ Reason for this medication_____

If given on an "as needed" basis, please describe_____

Special instructions_____

Side effects (expected or predictable)_____

I, the prescribing physician, am willing to accept direct communication from the person dispensing and administering the above medication.

Physician Signature_____

Date_____

(Signature required for all prescription medication)

Parent/Guardian Signature_____

Date_____

(Signature required for all prescription and nonprescription medication).