Washington Community Schools
404 W Main
Washington, IA 52353

Dear Parents:

Section 504.3 of School Board Policy states: "If a student must take prescribed medication during school hours, written authorization and instruction must be provided by the parents or legal guardian of the student, as well as by a licensed physician or health practitioner. However, non-prescription drugs may be administered by non-licensed, designated school personnel upon written request and instructions of the student's parent or legal guardian. "

In order to help us implement this policy, please provide the following information on the medication container of all doctor prescribed medication.

1. **Name of student**
2. **Name of medication**
3. **Dosage**
4. **Name of physician prescribing medication**
5. **Time medication is to be given at school**
6. **Route of administering medication (oral, eardrops, eye drops, and inhaler)**

Over the counter or non-prescription medication should be provided in original containers with the following information:

1. **Name of student**
2. **Name of medication**
3. **Dosage**
4. **Time to be given at school**
5. **Route of administering medication**

Please remind your son/daughter that he/she is responsible for asking for the medication at the correct time and that all medications are to be taken to the school office. The school strongly recommends that a parent or guardian deliver medication to and from school. Records will be kept on students taking medication at school.

The bottom part of this form must be completed and returned to school for your child to have medication administered during school. If more forms are needed, they will be available at the school office, as well as at the local medical clinics and in-town doctor's offices. Please remind your doctor when he/she prescribes medication that you need this form completed. If you have any questions, please contact your school nurse.

School fax numbers: Stewart Elementary: 653-5313 Junior High School: 653:7350
Lincoln Elementary: 653-6800 High School: 653:6751
Assure Center (to Central Office) 653-5685

Washington Community School District

_____ _____
Name of student Grade

_____ _____
Name of medication Reason for medication

_____ _____
Dosage Time to be given at school

_____ _____
Length of time student is expected to require medication Signature of prescribing physician

_____ _____
Date Signature of Parent or Guardian