

Nodaway Valley School Medication Administration Authorization
2026-2027 School Year
TO BE COMPLETED BY THE PARENT OR GUARDIAN

I request that my child, _____, date of birth _____, be assisted in taking this medication at school. I will comply with the school's policy and procedures. I agree to, and do hereby hold the school and its employees harmless from any and all claims, demands, causes of action, liability or loss of any sort because of, or rising out of, the acts or omissions of the school or its employees with respect to this medication. I also give the Nodaway Valley school nurse permission to contact the prescribing provider (doctor, nurse practitioner, or physician's assistant) and preferred pharmacy with any questions or concerns.

A separate form must be filled out for each medication. This form is effective for a single school year. All prescription medications MUST be brought to school by a parent/guardian. When feasible an accurate count of the medication will occur between the parent/guardian and the school nurse or designated staff member. If this is not reasonably possible, the double count will occur between the school nurse and designees before any medication will be administered from the refill. Refill requests will be phoned or emailed to you prior to the school running out of the medication. Please provide an email that you will be checking regularly to ensure we have a refill in a timely manner.

Email: _____ Printed Name: _____
Parent/Guardian Signature: _____ Date: _____
Phone#: _____

Name of Medication: _____ Dosage: _____
Purpose of the Medication: _____ How Often: _____
Time to be Given: _____ Dose Form: _____
Start Date: _____ End Date: _____

If applicable, do you want the medication given on late start days? **YES / NO**

If applicable, do you want the medication given on early out days? **YES / NO**

(Note: medication can generally be given 1 hour before and 1 hour after the designated time)

Comments: _____

Students are not permitted to carry medications at school or at school sponsored trips, except for prescribed inhalers and Epinephrine Pens with proper authorization.