

Monticello Community School District Medication Procedure Form

It is the policy of the Board of Education of the Monticello Community School District (Policy #506.5) that whenever school staff must administer medication to a student, written authorization and instruction must be provided by a parent or legal guardian.

The following information must be clearly labeled on the bottle:

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| 1. Name of student | 5. Physician prescribing medication |
| 2. Name of medication | 6. Prescription number |
| 3. Dosage | 7. Drug store filling the prescription |
| 4. Time medication is to be given at school | 8. City of drug store |

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

Student's Name _____ School Year _____

Name of Medication _____

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

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

Name of prescribing physician _____

Parent Signature _____ Date _____

Monticello Community School District Confidential Information Release

This release allows school staff to correspond and send reports and observations regarding your child to his/her physician. Your signature authorizes release of information relating to mental health and psychological reports. This educationally significant information may be shared with school/Grant Wood AEA staff.

Name of physician/agency _____ Student's Name _____

Address _____ Student's Birth Date _____

City/State _____

I grant full permission to correspond with, and/or provide to: **Jennifer Speltz, R.N., B.S.N. or Jodi Heinrich, R.N.**

Monticello High School 850 E Oak Street Monticello, IA 52310	Monticello Middle School 217 S Maple Street Monticello, IA 52310	Carpenter Elementary 615 N Gill Street Monticello, IA 52310	Shannon Elementary 321 W South Street Monticello, IA 52310
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PHONE: 319-465-3000, ext. 1327 (Jen) or ext. 2105 (Jodi)

Email: jennifer.speltz@monticello.k12.ia.us

Email: jodi.heinrich@monticello.k12.ia.us

Any or all pertinent information in your record regarding _____

Parent Signature _____ Date _____