



Aplington Elementary & A-P M.S., 215 10th St., Aplington, IA 50604-0607 A-P High School, 610 N. Johnson St., Parkersburg, IA 50665-2039 Parkersburg Elementary, 602 Lincoln St., Parkersburg, IA 50665-2039

Jon Thompson, Superintendent Aaron Thomas, Secondary Principal Brian Buseman, Middle Schoo! Principal Amy May, Elementary Principal

(319) 346-1571 - Parkersburg (319) 346-1571 - Parkersburg (319) 347-6621 - Aplington (319) 347-6621 - Aplington (319) 346-2446 - Parkersburg

Code 507.2E2

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF MEDICATION TO STUDENTS

It is the policy of the Board of Education of the Aplington Parkersburg School District that whenever a student should have a prescription medication or over the counter medication administered by the staff at school, a parent or legal guardian must provide written authorization and instructions.

The following information is to be on the original prescription bottle and properly labeled by a registered pharmacist:

- 1. Student name
- 2. Name of medication
- 3. Dosage
- 4. Time medication is to be given
- 5. Physician's name

| Student's Name | Birthday Prescriber & Prescriber's Phone Number | | | s Phone Number |
|--|--|--|---|---|
| Medication | Dosage | Route | Time at school | Duration/Stop Date |
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| Special Instructions: | | | · · | |
| I request the above student a confidential except as provide applicable law. I agree to cocarise. I agree to provide safe medication. Procedures for n | ed by the Family E ordinate and work delivery of medic | ducational Rigues with school partion to and fr | ghts and Privacy Act ersonnel and prescrit om school and to pic | (FERPA) and any othe per when questions ok up remaining |
| Parent/Guardian Signature | | Phone Num | ber | Date |
| | | Rev | lewed by: | |
| | | | (staff on | ly) |