



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 School Principal
Amy May, Elementary Principal

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

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REQUEST TO SELF-ADMINISTER OVER THE COUNTER MEDICATION AT SCHOOL (HIGH SCHOOL ONLY)

Student's Name: _____

Grade _____

Medication: _____

Time(s) to be taken at school: _____

Dates to be taken: From _____ to _____

This medication must be in the original prescription bottle, which is properly labeled by a registered pharmacist or the manufacturer. I understand that it is my responsibility to administer my own medication at the correct time, amount, route and length of time.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____