



# Hubbard – Radcliffe Community School District

**Hubbard-Radcliffe Elementary**  
501 Isabella Street  
Radcliffe Iowa 50230  
515-899-2111  
Principal Cari Teske

**South Hardin Middle School**  
200 Chestnut Street  
Hubbard Iowa 50122  
641-864-2211  
Principal Crystal Reinertson

## Parental Authorization and Release for the Administration of Prescription Medications to Students

**Student Name:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School** \_\_\_\_\_

**Medication** \_\_\_\_\_ **Dose** \_\_\_\_\_

**Route** \_\_\_\_\_ **Time to be given** \_\_\_\_\_

**Administration Instructions:**

\_\_\_\_\_

**Reason for the Medication:** \_\_\_\_\_

**Prescribing Provider Name and Number:** \_\_\_\_\_

School medications are administered following these Guidelines:

- \*Parent has provided a signed and dated authorization to administer medications at school.
- \*Any medication received by the school not in the original container/pharmacy bottle will not be given.
- \*The medication label contains the student's name, name of medication, dose, and directions for use.
- \*Authorization is renewed annually and immediately when a parent notifies the school that changes are necessary.
- \*Medication information will be shared with appropriate school personnel as needed.
- \*I give permission for the school nurse to contact the prescriber about the medication prescribed as needed.
- \*I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or for supervising, monitoring, or interfering with a student's self-administration of medication.
- \*The medication is brought to school by a parent in the original, labeled container as dispensed or the manufacturer's labeled container.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_