



**DAVENPORT**  
Community Schools  
GROWING EXCELLENCE

HEALTH SERVICES  
OVER-THE-COUNTER MEDICATION  
ADMINISTRATION  
CONSENT

School \_\_\_\_\_

To the Parent or Guardian:

The Davenport Community School Health Services Department does not normally administer or take any responsibility in the giving of medication to children. If your child utilizes an over the counter medication, please administer it at home, alert the school health office staff, and document the time of dosing, so they can watch for adverse side effects of the drug. However, if an over the counter medication needs to be given during school hours, **the health office staff must receive the medication in the original, sealed container** that will be kept in the health office until the parent or nurse deem it unnecessary to continue administration. Please check expiration dates before sending the medication. The student's name will be placed on the medication container. **Per Iowa Board of Nursing regulations, school nurses may only administer medications approved and regulated by the FDA; nurses may not administer natural remedies or supplements to school children.** No medication is kept at school over the summer.

This consent is only effective for the current school year.

When it is necessary that my child be given medication during school hours, I hereby give permission for certified school personnel to administer it. I take responsibility for any side effects that may occur and release all school personnel of any adverse responsibility regarding my child's health related to this medication.

Student's Name	Birth Date	Parent/Guardian Signature
Date _____		
Name of Medication _____		
Label directions _____		
Time to be given _____		
Reason _____		

**RETURN THIS FORM TO THE SCHOOL HEALTH OFFICE**