



950 Dover St. • Iowa City, Iowa 52245 • Phone 319-338-6061 • Fax 319-339-4465 • www.willowwind.org

## 2011-12 Willowwind School Request to Administer NON- PRESCRIPTION Medication in Preschool or School

**Prescription** medications can/may be administered at school only with a physician's written order (e.g. the prescription label) and written authorization from the parent or guardian as follows:

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Medication: \_\_\_\_\_

Needed during school day? \_\_\_\_ Yes \_\_\_\_ No

Number of days to be given: \_\_\_\_\_ or as needed \_\_\_\_\_

Dosage: \_\_\_\_\_ Give at: \_\_\_\_\_ Rx #: \_\_\_\_\_  
AM PM

Side effects: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Office & Phone Number \_\_\_\_\_

**I have provided Willowwind School with my child's prescription medication.** It is in the original prescription container with his/her name attached. I request that authorized staff make provisions for my child to receive the medication as our physician has advised.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature