



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 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