## CLAYTON RIDGE COMMUNITY SCHOOL DISTRICT

Clayton Ridge Elementary 131 S River Park Drive Guttenberg, IA 52052 Clayton Ridge Middle School 502 W Watson St. Garnavillo, IA 52049 Clayton Ridge High School 131 S River Park Drive Guttenberg, IA 52052

Request For Medication To Be Given At School

(oral medications, ointments,	eye drops, etc)	
(Prescriber to complete and sign)		
	Birthdate:	Grade:
Student Name:	Reason for medication:	
Instructions: Size of dose:	Time to give:	
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Additional instructions:		
This order is in effect for this school year unless otherwise indicated. Yes	Other	
Please list any anticipated reactions / side effects of the medication:		·
In the event of a 2 hour delayed start, medication that is normally scheduled for	8:00 a m shall:	
Still be given upon student arrival to school (between 10:00 ar	od 10:30)	
NOT be given at school (morning dose will be given at home)	10.50)	
1vo i be given at sensor (morning dose will be given at nome)		
Prescriber's Signature	Date	
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(Parent / Guardian to read and sign)		
I request the above stated medication be given to the above student according to	school policy Medication will b	ne supplied in its original
properly labeled container. I will notify the school nurse in writing of any chan		e supplied in its original,
If your child is taking daily medication at home as well, please list medications		taking:
if your clind is taking daily incurcation at notice as well, piease list incurcations	, dose, time taken, and reason for	taking.
Parent / Guardian Signature	Date	
Authorization – Asthma or Airway (	Constricting Medication	
	n (EniDon ou Inholou)	
Self-Administration Consent Form	n (Epiren or innaier)	
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