

Cono Christian School

3269 Quasqueton Ave.
Walker, Iowa 52352

Phone: (319)448-4395

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Prescription Medication Permission Form

Student's Name	Date of Birth
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Dear Parent:

The school must have written permission from parents to administer medication to students. Furthermore, all medication given at Cono Christian School requires a written order from your family physician. This request must include frequency and dosage. The request must be completed in English. A medication permission form must be completed for every prescription medication to be taken by your child while at Cono (this form may be photocopied). A new form must be filled out for each change of dosage. This information needs to be updated each year. Medications will be held by the staff of Cono Christian School. Exceptions may be made only with written permission and approval of Cono Christian School.

****To be completed by the Physician****

Specific Diagnosis	Name of Medication
Dosage Amount	Time/Frequency
Route of Administration	Duration of Regimen

PRN (as needed medications) List conditions under which the medication is given:
Over the counter medications that are contraindicated
Side effects to expect:
Side effects to report to the physician:

Signature of Physician	Date
Physician's Name (Printed)	Office Phone Number

Signature of Parent/Guardian	Date
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