

**MEDICATION AT SCHOOL FORM**  
**Mount Vernon Community School District**  
**SCHOOL YEAR 2026-2027**

**Parent or Guardian: This is the procedure to follow if your child requires medication at school:**

1. Complete the form below to give permission to the school nurse or trained school personnel to administer medicine to your child at school.
2. Please provide the school with the medication in the original labeled container either as dispensed by the pharmacy or in the manufacturer's container. Ask your pharmacy to provide an extra labeled container to be kept at school.
- 3. Under no circumstances should a student bring medication to school by himself/herself.** For the safety of your child and all children, an adult (parent, child care provider, neighbor) should bring medication to school. When medication is discontinued, the student withdraws from school or at the end of the school year parents will be contacted to pick up the medication. If the medication is not picked up by the agreed upon date, the medication will be destroyed.
4. Only medication that MUST be given during school hours should be brought to school for distribution. Medication with instructions to be given once a day, two times a day and three times a day can usually be given outside the school day.
5. During the registration process, parents and guardians have the opportunity to give permission to the school to administer over-the-counter medications during the school day.

**Please contact:**

Jenna Wear, ES School Nurse  
(319) 895-6251  
jwear@mvcasd.org

Megan Krapfl, MS & HS School Nurse  
(319) 895-6254 (MS)      (319-895-8845 (HS))  
mkrapfl@mvcasd.org

Thank you for working with us to ensure the health and safety of our students.

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I give permission to the school nurse or another trained staff member to administer:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Elementary Room #: \_\_\_\_\_ Elementary Teacher: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Strength: \_\_\_\_\_

Dose to be given: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_ Date(s) to be given: \_\_\_\_\_

How is it administered?     By Mouth     Inhalation     Topical     Injection     Other

Required on Field Trips?  YES     NO

Required on Early Dismissal Days?  YES     NO

Prescribing Doctor's Name: \_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**OFFICE USE ONLY:** Qty Returned: \_\_\_\_\_ Taken By: \_\_\_\_\_ Date: \_\_\_\_\_