USD 306 SOUTHEAST OF SALINE

Permission for Medication/Treatment at School

NOTE: When the administration of medication either prescribed and non-prescribed over the counter medications/treatments is required during school hours, the school can provide the service. Kansas Law requires written permission from the parent and a signed order from the physician. The medication must be administered at least once prior to being given at school.

The medication is to be brought to school in the **original container**, appropriately labeled by the pharmacy., or physician, stating the name of the medication, the dosage and time to be administered. Ask the pharmacist for an extra bottle for school. The school is not financially responsible for health services needed.

Name of Student:_____ Grade:_____

Reason for Rx:_____

Medication/Treatment:_____ Dosage:_____

Time of administration:_____ Date Start:_____ Date Stop:_____
(at school)

Adverse reactions to report to prescribing physician:_____

_____

Date:_____ Signature of Physician:_____

I hereby give my permission for my son/daughter,_____ to take the above stated medication/treatment at school as ordered by the physician. I understand that it is my responsibility to furnish the medication/supplies as needed. I further understand that any school employee who administers the above to my child in accordance with written instructions from the physician/dentist shall not be liable for damages as a result of an adverse reaction suffered as a result of administering such. The first dose of medication or first treatment has been given and tolerated at home without any adverse reactions occurring.

Date:_____ Signature of parent/guardian:_____

Date:_____ Approved by: _____
(signature of administrator/school nurse)

Comments: _____

_____

_____

USD 306 SOUTHEAST OF SALINE

Permission for Medication/Treatment at School

NOTE: When the administration of medication either prescribed and non-prescribed over the counter medications/treatments is required during school hours, the school can provide the service. Kansas Law requires written permission from the parent and a signed order from the physician. The medication must be administered at least once prior to being given at school.

The medication is to be brought to school in the **original container**, appropriately labeled by the pharmacy., or physician, stating the name of the medication, the dosage and time to be administered. Ask the pharmacist for an extra bottle for school. The school is not financially responsible for health services needed.

Name of Student:_____ Grade:_____

Reason for Rx:_____

Medication/Treatment:_____ Dosage:_____

Time of administration:_____ Date Start:_____ Date Stop:_____
(at school)

Adverse reactions to report to prescribing physician:_____

_____

Date:_____ Signature of Physician:_____

I hereby give my permission for my son/daughter,_____ to take the above stated medication/treatment at school as ordered by the physician. I understand that it is my responsibility to furnish the medication/supplies as needed. I further understand that any school employee who administers the above to my child in accordance with written instructions from the physician/dentist shall not be liable for damages as a result of an adverse reaction suffered as a result of administering such. The first dose of medication or first treatment has been given and tolerated at home without any adverse reactions occurring.

Date:_____ Signature of parent/guardian:_____

Date:_____ Approved by: _____
(signature of administrator/school nurse)

Comments: _____

_____

_____