

Unified School District #380
209 School St – Vermillion KS, 66544
Building Sites: Centralia – Frankfort – Vermillion

Authorization to Administer Medication

THE 380 SCHOOL DISTRICT MEDICATION POLICY COMPLIES WITH STATE LAW AND REGULATIONS.
This form must be **signed** by a parent or guardian and **received** by the school office **before** any medication will be given.

A physician (licensed to practice medicine and surgery), dentist, nurse practitioner, or physician's assistant **AND PARENT** must sign for a **prescription** medication prior to administration at school. The **original appropriately labeled container must accompany all medications**. Two containers, one for home and one for school should be requested from the pharmacist.

NAME OF STUDENT _____ DATE _____ GRADE _____

DIAGNOSIS _____ Reason for medication _____ School start date _____ Stop Date _____

MEDICATION NAME _____ Time to be given _____

Dose _____ Route _____ POSSIBLE SIDE EFFECTS _____

Special Instructions: _____ refrigerate controlled substance

asthma or emergency med to be kept on student self-administration permitted if grades 7-12

Permission for Self-Administer of Medication:

USD 380 is not responsible for students who self-administer their own medications.
Self-administration is a privilege which can be taken away if policies are abused or ignored.
Bring only enough medication needed to school for the day – in the original container
File a copy of Permission for Self-Administration of Medications with the school office.

DATE _____ SIGNATURE OF PHYSICIAN _____ (when required)

I hereby give my permission for _____ to take the above non-prescription or prescribed medication at school as ordered. I understand that it is my responsibility to furnish this medication. I also understand that any school employee who administers this medication to my child in accordance with written instructions from the prescribing health care provider shall not be liable for damages as a result of an adverse drug reaction suffered by the pupil or because of a mislabeled or altered product.

I hereby authorize a USD 380 School Nurse to exchange information regarding this request with the above named physician and/or the pharmacy as identified on the affixed pharmacy label.

Guidelines for medication administration:

Non-prescription meds must be given from the manufactured container, not expired and given as per package directions.

MEDICATION MUST BE SECURED IN AND DISPENSED FROM THE SCHOOL NURSE OFFICE.

(SEE EXCEPTIONS BELOW)

STUDENTS MAY ONLY CARRY AN INHALER, EPIPEN, OR INSULIN IF REQUESTED TO DO SO BY PARENT AND PHYSICIAN AND PROPER TECHNIQUE OF USE HAS BEEN DEMONSTRATED TO THE SCHOOL NURSE.
NEW PRESCRIPTION CONSENT FORM MUST BE COMPLETED WITH ANY CHANGES AND EVERY SCHOOL YEAR.

PLEASE CHECK THE SCHOOL HANDBOOK FOR MORE INFORMATION.

THIS FORM IS AVAILABLE THROUGH THE SCHOOL, AND THE USD 380 WEB SITE.

DATE _____ SIGNATURE OF PARENT/GUARDIAN _____ (required)