



Unified School District #210
 304 E. 6th Hugoton, KS 67951 620-544-4376
 School Health Office 2018-2019 School
 Year

Medication Administration Permission Form

Name of Student _____ Date of Birth _____

School _____ Grade _____ Teacher _____

Physician Diagnosis _____ Date Medication Started _____

Allergies _____

Medication #1 _____ Dose _____ Time to be given _____

Medication #2 _____ Dose _____ Time to be given _____

Medication #3 _____ Dose _____ Time to be given _____

Anticipated number of days to be administered at school _____

Special Instructions _____

STUDENT MAY CARRY INHALER WITH HIM/HER AT ALL TIMES TO USE AS DIRECTED BY PHYSICIAN. ** SB 10 Asthma Bill

STUDENT MAY CARRY EPINEPHRINE PEN WITH HIM/HER AT ALL TIMES TO USE AS DIRECTED BY PHYSICIAN.

DATE

PHYSICIAN SIGNATURE

Printed name and address of Physician

Physician's telephone number/fax number



I, _____, hereby give my permission for _____
 (Parent's/Guardian's name) (Child's name)

to take the above prescribed medication at school. I understand that it is my responsibility to furnish the medication and that any school employee who administers any medication to my child in accordance with written instructions from the Parent and/or Physician shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such medication. I will provide the medication in the original container, appropriately labeled by the pharmacy, or in the original over-the-counter container. I also give permission for the exchange of information between the school nurse/other school representative and the prescribing physician/pharmacy should a question or concern arise.

Date

Signature of Parent/Guardian



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Dear Parent/Guardian of _____,

Hugoton, USD 210, requires that all prescription and over-the-counter medications given during the school day be prescribed by a physician and requested by the parent to be administered by the Health Office. A NEW Medication Administration Permission Form must be completed for each new school year.

Your student has had the following medication(s) available this year.

() Daily Medication _____

() As Needed Medication _____

() Inhaler _____

*** SB 10 Asthma Bill allows students to carry their inhaler with them. It may be helpful to keep an additional inhaler in the Health Office in the event your child forgets his/her inhaler.*

ATTACHED IS A NEW FORM TO BE COMPLETED BY YOUR PHYSICIAN AND YOURSELF SHOULD YOUR CHILD NEED MEDICATION FOR THE 2018-2019 SCHOOL YEAR. RETURN THE COMPLETED FORM AND THE MEDICATION IN A PRESCRIPTION LABELED CONTAINER OR THE ORIGINAL OVER-THE-COUNTER CONTAINER TO THE SCHOOL HEALTH OFFICE PRIOR TO SCHOOL BEGINNING IN THE FALL.

Contact me regarding questions or concerns about the USD 210 Medication Policy or this request.

Sincerely,
Holly Grubbs RN, BSN
Christina Williams, RN
Cammie Heaton, RN

Send the completed form to:

Hugoton Elementary
Holly Grubbs
304 E. 6th
Hugoton, KS 67951
Phone (620) 544-4376 or Fax (620) 544-4871



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School Health Office 2017-2018 School Year

Medication Policy

POLICY: The school nurse or designated school personnel will administer prescribed medication or over-the-counter medications during school hours.

PROCEDURE:

1. Written prescriptions from the medical doctor or dentist and written permission from parent/guardian are obtained prior to administration of all medications including over the counter medications (see Medication Administration Permission Form attached to this procedure.)
2. The official prescription container or over-the-counter original container with the child's name, dose, frequency of administration is required for all medications administered.
3. Generally only oral or topical medications shall be administered at school. Exceptions to this are ear drops, eye drops, and inhalers or nebulizers.
4. An individual record shall be maintained by the school nurse of medications administered.
5. Changes in medications, dosage, and/or time of administration shall be accompanied by a new physician signed Medication Administration Permission Form. A newly labeled pharmacy container is also required.
6. All medications shall be secured in a locked container and properly stored.
7. No medications, including over-the-counter medications, will be maintained on school premises except when prescribed.
8. School board policy shall be shared with parent and local health care provider. Forms will also be made available.