

# MEDICATION CONSENT FOR MIDDLE AND HIGH SCHOOL

STUDENT NAME \_\_\_\_\_

*All medication (Over the Counter and Prescription) taken at school must be in the original container.*

*All prescription medication must be registered in the health office/school office. Prescription medication must be in original container, labeled with name of medication, dosage and time. Those medications to be administered under supervision of school staff will require a physician's signed consent to give at school. Any controlled medications must be given under supervision.*

*Any medications (OTC or Prescription) carried by the student will only be the amount needed for 1 day and have signed parental consent. The school will have generic orajel, anti-itch lotion, cough drops and Tylenol for fever > 101 or minor headache available on a limited emergency use basis. Students will not carry any prescription medication to school that is not specifically required to be taken during school hours, ie medication prescribed to take 4 x per day. All other can be taken before, after and at night time. Medication needed on an as needed basis must be kept in a limited supply in the office with signed physician/parental consent. Inhalers and epi-pens may be carried by students. Violation of med policy will have the same consequences as listed under the substance abuse policy.*

**USD 289 will not be liable for any adverse results of medication administration when given in accordance of written instructions from parent(s)/guardian and physician.**

**I consent to allow my student to take medication at school as defined above. It is the parent's responsibility to notify the school in writing of any medical changes in their child that would affect this consent:**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**I GIVE CONSENT FOR INFORMATION ON MY CHILD'S IMMUNIZATION RECORD BE RELEASED TO THE KANSAS IMMUNIZATION PROGRAM FOR THE PURPOSE OF ASSESSMENT AND REPORTING:**

YES\_\_ NO\_\_ INITIALS\_\_\_\_\_