## **Guidelines for Dispensing Medication During School Hours**

Important Information for Parents/Guardians

Your written consent is required prior to school personnel providing or administering medication to a child at school (including over-the-counter, non-prescription medications and cough drops). By signing below, you acknowledge the following:

- If needed, the prescribing physician may be contacted by the school for clarification on medication administered.
- Your child's medication will be given by school personnel deemed competent through training or supervision by the Registered School Nurse to provide medication as called for in the Nebraska 2000 statutes relating to Medication Aides.
- The School will be notified promptly if there are changes in your child's medication orders.
- A Physician's (or other licensed prescriber's) authorization is required for medications to be provided at school.
- All medication products must be sent to the school in the original container with labels in tact, including child's name, physician's name and directions for administering. Medications in bags or any other for of "Home Packaging" will not be accepted, due to safety considerations.

## Written Parental Consent: Must be Complete prior to Medication Being Given At School

I give permission to _	Name of School	school to provide	Name of Medication & Dose as directed for
toChild's Name			
Reason for Medication			
Date medication is to	begin:		
Date after which the r	medication should no	t be provided:	
Signature of parent/guardian		Date	

Please bring this sheet on day medication is to begin.

Thank you!