



**KalisPELL Public Schools Policy on Medications at School**

In certain acute or chronic health conditions it may be necessary for a child to take prescription or over-the-counter medication during the school day. In order for this medication to be administered at school, the School Nurse must be contacted, and the procedure below must be followed:

1. There must be a written Physicians Order which includes the diagnosis, name of medication, dosage, times to be given and possible side effects. A Physicians Order form may be obtained from the school office. If the medication is on-going, this order must be renewed by the physician at the beginning of the year.
2. The parent or guardian must sign the consent for the medication to be given.
3. The medication must be supplied by the parent or guardian in a properly labeled pill bottle including the student name and dosage (no baggies please).
4. The medication may only be dispensed by the School Nurse or her designee.

***KalisPELL Public Schools***  
***Physician's Request for Administration of Prescription Medication***

STUDENT NAME: \_\_\_\_\_ DOB \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

TIME \_\_\_\_\_ FREQUENCY OF USE \_\_\_\_\_ METHOD OF ADMINISTRATION \_\_\_\_\_

CONDITION FOR WHICH MEDICATION IS PRESCRIBED \_\_\_\_\_

***PHYSICIAN INFORMATION RELATED TO THIS REQUEST:***

PHYSICIAN'S NAME (PLEASE PRINT): \_\_\_\_\_

SIGNATURE OF PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

**I HEREBY GRANT PERMISSION FOR THE SCHOOL NURSE TO ADMINISTER MEDICATION TO MY CHILD ACCORDING TO THE PHYSICIAN REQUEST.**

PARENT/GUARDIAN NAME (PLEASE PRINT): \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Edgerton Elementary 406-751-4040 Fax: 406-751-4045	Hedges Elementary 406-751-4090 Fax: 406-751-4095	Rankin Elementary 406-300-0600 Fax: 406-300-0605	KalisPELL Middle School 406-751-3800 Fax: 406-751-3805	Glacier High School 406-758-8600 Fax: 406-758-8602
Elrod Elementary 406-751-3700 Fax: 406-751-3705	Peterson Elementary 406-751-3737 Fax: 406-751-3740	Russell Elementary 406-751-3900 Fax: 406-751-3905	Flathead High School 406-751-3500 Fax: 406-751-3605	Linderman Ed Center 406-751-3990 Fax: 406-751-3930