



JASPER ELEMENTARY SCHOOL
3799 N Portersville Road
Jasper, IN 47546

Kent Taylor, Principal
Ryan Erny, Assistant Principal
Caitlin Keesler, RN School Nurse

Dear Parents/Guardians,

Please answer all of the following questions regarding how your child will be receiving medication in the nurse's office. **It will pertain to the entire current school year.**

Check what you want done in each circumstance and have the student or parent return it to the nurse immediately signed by the parent/guardian. **All questions may not pertain to your child.**

1. On late start days (10:30 AM start) do you want your child's noon medication given?

_____ No. Do not give noon medication
_____ Yes. Give noon medication

2. On half days (12:30 dismissal) do you want your child's medication given?

_____ No. Do not give noon medication on 12:30 dismissal days.
_____ Yes. Give noon medication.

3. On half days (11:30 dismissal) when lunch is **NOT** served do you want our child's medicine given on these days?

_____ No. Do not give noon medication on 11:30 dismissal days.
_____ Yes. Give noon medication.

4. On FUN days (such as day before Christmas break and PAW day) do you want medication given on these days?

_____ No. Do not give medication on PAW Day or Fun Days.
_____ Yes. Give medication on PAW Day and Fun Days.

5. Do you want medication given on field trips?

_____ No. I do not want medication given on field trips. This includes, morning, noon, & afternoon doses.
_____ Yes. I want medication given and understand it will be given by someone other than the nurse.

6. If your child gets medication in the **mornings at school**, what do you want done on late starts (school begins at 9:00 a.m., 10:00 a.m., or 10:30 a.m.)?

For students only getting medication in the morning at school:

_____ Do not give morning dose. Child will be taking at home.
_____ Give morning dose when school starts.

For students getting medication in the morning at school and at noon at school:

_____ Do not give morning dose. Give noon dose at usual time.
_____ Give morning dose when school starts and give noon dose four hours later. (Specify if you want later than four hours). Example: Child will get morning dose at 10:00 am and noon dose at 2:00 pm.

PLEASE NOTIFY THE NURSE IF ANY OF THIS SHOULD CHANGE THROUGHOUT THE SCHOOL YEAR.

Student name _____

Parent signature _____ Date signed _____

Daytime phone number the nurse can reach you at if she has any questions _____ - _____

School Nurse signature _____ Date signed _____