



NORTH
KANSAS CITY
SCHOOLS
est. 1913

ID Number: _____	Cabinet: _____
Exp. Date: _____	School Year: _____

Authorization for PRESCRIPTION Medications to be Taken During School Hours

PARENT SIGNATURE REQUIRED

School _____			
Child's Name _____			
Last	First	Sex	Date of Birth
Physician's Name		Address	Telephone Number
<ul style="list-style-type: none"> ▪ I give permission for the exchange of verbal and written communication between the physician and the school nurse regarding my child's medication regimen. ▪ I request that my child be assisted in taking the medicine(s) described below at the school by authorized persons or permitted to medicate herself/himself as also authorized by me and my physician (<i>see below</i>). 			
<div style="border: 1px solid black; width: 100px; height: 80px; margin: 0 auto;"></div>	<p>I understand that I, or another designated adult, will need to pick up this medication from the school nurse at the end of this school year.</p> <p>★ In the event this medication is not picked up, I understand that the remaining medication will be destroyed/ disposed of by the District/ school nurse.</p>		
INIT	DATE	PARENT/GUARDIAN SIGNATURE - REQUIRED	

PHYSICIAN SIGNATURE REQUIRED - MEDICATION WILL NOT BE ADMINISTERED WITHOUT PROPER PHYSICIAN AUTHORIZATION

DIAGNOSIS for which medication is given: _____
Name of Medication: _____
Form: _____ Dose: _____
State TIME for DAILY Medication: _____
If medication is to be given WHEN NEEDED, describe indications: _____
How soon can it be repeated? _____
Is the child authorized to medicate herself/ himself? _____
List significant side effects: _____
DATE: _____ PHYSICIAN SIGNATURE: _____

Medication Disposal/ Waste Form

Date: _____

Student Name/ DOB/ ID#: _____

Medication Name, Form and Strength: _____

Quantity Disposed: _____ Quantity Remaining: _____

Disposal Method/ Notes: _____

Nurse Name/ Credentials- PRINTED: _____

Nurse Signature: _____

Witness Name/ Title- PRINTED: _____

Witness Signature: _____

PARENT PICK UP _____

Date/ Time/ Amount/ Signature

Health Services

MEDICATIONS

When possible, we encourage medication be administered at home using a schedule that will not require doses during school hours. However, a child's health care provider may deem it necessary for medication to be taken during school hours.

If so, all prescribed medication must be accompanied by written permission from a licensed physician.

MEDICATION GUIDELINES FOR ALL NORTH KANSAS CITY SCHOOLS

1. Written orders from a physician licensed to prescribe and written permission from the parent/guardian must be provided for any prescription to be given at school. The information will include name of the student, of the medication, dosage, route of administration, and time medication is to be taken.
2. All prescription medication must have the prescription/ pharmacy label attached by the pharmacist/physician and will include on the container: the child's name, the name of the medication and the dosage, and the physician's name.
3. All non-prescription over-the-counter medication must be sent in the original container marked with the student's name and accompanied by a parent's authorization to administer. ONLY the instructions on the container will be followed unless the physician provides alternative instructions. If a question would arise, the school nurse will have the right to refuse administration of the medication until further clarification is received and documented from the physician.
4. Any change in the time or dosage of medication must be accompanied by a written request from the physician.
5. It is the student's responsibility to come to the health room for assistance in taking medication.
6. Medication should NOT be sent with students on the bus. PARENTS SHOULD DELIVER MEDICATION TO THE SCHOOL NURSE OR OFFICE CLERK. Medication should be picked up by the parent when the illness is concluded or at the end of the school year. The nurse will not send medication home with a student.