NORTH KANSAS CITY SCHOOLS
est. 1913

ID Number: _____ Cabinet: _____

Exp. Date: _____ School Year: _____

Authorization for OVER THE COUNTER 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

- 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 *(see below)*.

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.
★ **In the event this medication is not picked up, I understand that any remaining medication will be destroyed/ disposed of by the District/ school nurse.**

INIT

_____ _____
DATE **PARENT/GUARDIAN SIGNATURE- REQUIRED**

NOTE: AGE APPROPRIATE OVER THE COUNTER MEDICATIONS WILL ONLY BE GIVEN ACCORDING TO PACKAGE DIRECTIONS.

Symptom(s) for which medication is given: _____

Name of Medication: _____

Form: _____ Student Age: _____ Student Weight *(if applicable)*: _____

Package Dosing Directions: _____

_____

How soon can it be repeated? _____

Is the child authorized to medicate herself/ himself? _____

Length of time this treatment is recommended: _____

Other Information: _____

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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
ELEMENTARY, MIDDLE, & HIGH 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.