

MEDICATION ADMINISTRATION

Whenever possible, the parent/guardian should arrange medication schedules to eliminate the need for giving medication during school hours. Parents/guardians who wish to have their child receive medication from school personnel must comply with school district procedures.

The district reserves the right to review and decline requests to administer or provide medications that are not consistent with standard pharmacological references, are prescribed in doses that exceed those recommended in standard pharmacological references, or that could be taken in a manner that would eliminate the need for giving them during school hours. The district may request parent/guardian authorization to consult with the student's licensed healthcare provider regarding any medication prescribed by such licensed healthcare provider.

1. **Prescription medication** will be given with written permission from both the parent/guardian and the licensed healthcare provider. A current pharmacy label will be accepted as written permission from the licensed healthcare provider. Prescription medication must be brought to school in the prescription-labeled container, including the student's name, licensed healthcare provider's name, and directions for administering the medication. Please send only a one-month supply of medication to ensure proper storage and administration. Changes in the type, dosage or frequency of medication will require a new medication administration permit.
2. **Non-prescription medication** may be given with written permission from a parent/guardian with specific instructions for administration. Non-prescription medication must be brought to school in the manufacturer's container with the dosage label intact. Any dosage outside the recommendation on the manufacturer's label will require a written order from the licensed healthcare provider.
3. Per Nebraska Department of Health and Human Services guidelines, all medications must be transported to and from school by a responsible adult.
4. Unclaimed medications will be disposed of per district protocol at year-end or upon student withdrawal.

I authorize and request school personnel to administer the medication listed below to my student. I release the school district, its officials, and employees from any and all liability concerning the administration of this medication to my student.

Student's Name _____ Grade: _____

Name of Medication _____

Reason for Taking _____

Time(s) to be Given _____

Amounts to be Given _____

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

