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Medication of Students

Whenever possible, parents should arrange medication schedules to eliminate the need for giving medication during school hours. When it is necessary for school personnel to administer medication to students, the school district will comply with the Nebraska Medication Aide Act, the requirements of Title 92, Nebraska Administrative Code, Chapter 59, (promulgated by the Nebraska Department of Education and entitled *Methods of Competency Assessment of School Staff Who Administer Medication*), and all state and federal regulations. Parents and guardians who wish to have their child receive medication from school personnel must comply with the following procedures:

1. **Prescription medication**

    a. Parents/guardians must provide a physician's written authorization for the administration of the medication.

    b. Parents/guardians must provide their own written permission for the administration of the medication.

    c. The medication must be brought to school in the prescription container and must be properly labeled with the student's name, the physician's name, and directions for administering the medication.

Non-prescription medication

    d. Parents/guardians must provide written permission for the administration of the medication

    e. The medication must be brought to the school in the manufacturer’s container.

    f. The container must be labeled with the child’s name and with directions for provision or administration of the medication

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 parental authorization to consult with the student’s physician regarding any medication prescribed by such physician.

Adopted on: July 25, 2016
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Reviewed on: _____