

PARENT/GUARDIAN 'S REQUEST TO PROVIDE MEDICATION AT SCHOOL

NORRIS PUBLIC SCHOOLS, DISTRICT # 160, 25211 S. 68th St., Firth, NE 68358

PARENTS/GUARDIANS, PLEASE READ THIS IMPORTANT INFORMATION: Your written permission must be on file before your student can be provided medication at school. Your signature below indicates that you understand and agree to the following:

- Your child has received the medication listed below without side effects.
- Medication will be sent to school in the original container with an intact clearly legible label. Medication sent to school in bags or other home packages will be returned home due to safety concerns. Herbals and medications not approved by the FDA will not be given at school. Over-the-counter medications given at doses or frequencies above that of the manufacturer's labeling will be considered prescription medications.
- Student medications must be stored in the school health office. Emergency medications can be an exception. Your child can carry prescription emergency medication with your written permission and that of your physician. With your permission, your child can carry an asthma inhaler, diabetic supplies, an epinephrine pen, or another medication needed for emergency care. In signing permission for your student to self-provide medication, you agree that the school district, its employees and agents are released from any liability for any injury arising from your student's self administration of the medication on school property or at any school-related activity, except in cases of willful or wanton misconduct on the part of the school employee or agent of the district. If your student uses asthma or anaphylaxis medication other than as prescribed, he/she may be subject to disciplinary action by the school, but this action will not restrict immediate access to the medication. If your student self-administers asthma or anaphylaxis medication at school or during a school activity, he/she must report to the school nurse, health aide, or another designated adult in order to receive appropriate follow-up care.
- Your child's medication may be given by a nurse, and unlicensed health aide, or by other school staff members. Unlicensed health aides and staff members who provide medication to students have demonstrated, through training and testing, competency to provide medications, as required by Nebraska laws. A health aide or unlicensed staff member can give medications only by the following routes: oral, inhalation, topical, and instillation into eyes and ears. Special arrangements will need to be made for other routes. A licensed nurse might not be on duty at the school campus and in that circumstance, you will need to be responsible for direction and monitoring of the medication.
- A physician's or other licensed prescriber's written authorization has to be on file at school in order for prescription medication to be provided to your child. This can be in the form of a written prescription or a current pharmacy label attached to the bottle of medication. A school nurse can, if needed, contact the prescribing physician for clarification about medication administration.
- You will need to notify the school, in written form, if there are changes in your child's medications.

PARENT/GUARDIAN'S WRITTEN CONSENT: TO BE COMPLETED PRIOR TO MEDICATIONS BEING GIVEN AT SCHOOL

I give permission to Norris Public Schools to provide to _____
Child's Name

the medication: _____ at this dosage: _____ at _____
medication name dose approximate time

for: _____
Reason(s) for medication

_____ CHECK IF YOU NEED TO BE NOTIFIED BEFORE THE MED IS GIVEN

_____ CHECK IF YOU WANT TO BE NOTIFIED DURING THE DAY IF THE MED IS GIVEN

Check here if your child can carry a prescription medication (inhaler, Epipen®, diabetic supply) and self-provide this medication.

Parent/guardian's signature _____ Date _____

Student's agreement for self-administration: I agree to use this medication only as prescribed by my doctor and to report to the school nurse, health aide, or a school staff member if I use this medication for an emergency.

Student's signature: _____ Date _____