

REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS
Southwest Public Schools-Indianola & Bartley, Nebraska

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

Your written consent is required **prior** to school personnel providing or administering medication to a child in school. By signing below, you acknowledge the following:

- If needed, the prescribing physician may be contacted by the school nurse for clarification on medication administration
- Your child's medication may be given by school personnel deemed competent through training or supervision by the Registered School Nurse to provide medications
- The school should be notified promptly if there are any changes in your child's medication orders
- A Physician, Physician Assistant, or Nurse Practitioner's authorization is required for medication to be provided at school for all prescription and over-the-counter medication products (except infrequent use Tylenol and/or Ibuprofen). The prescriber's authorization may be on the pharmacy label attached to the bottle, or in the case of over-the-counter products, by separate prescription provided to the school's office.
- All medication products must be sent to the school in the *original container with label intact*. Medications in bags or "home packaging" will not be accepted.
- Parents may ask their pharmacy for a second prescription bottle, so they have one at home and one at school.
- You will indemnify and hold harmless the school and its employees and agents from any claim related to the administration of any medication to your child.

WRITTEN PARENTAL CONSENT: MUST BE COMPLETED PRIOR TO MEDICATION BEING GIVEN AT SCHOOL

I give permission to Southwest Public Schools to provide:

(Name of medication)

To: _____ at: _____
(Student name) (time/s, or time/s as needed)

as directed for: _____
(Reason for taking medications)

From _____ To _____
(start date) (end date)

Signature of parent/guardian _____ Date: _____

CONTACT INFORMATION FOR PARENT/GUARDIAN:

Parent Guardian Name(s): _____

Phone 1: _____ Phone 2: _____ Phone 3: _____