

Clearwater – USD #264
Request to Administer Medication at School

When the administration of medication either prescribed or over the counter is required during school hours, the school can provide the service. Kansas law requires written permission from the parent and a signed order from the physician in the case of prescription medication. See board policy on supervision of medication.

For your child's well being the medication must:

- *Have the first dose given at home to avoid unexpected reactions**
- Be in the original container labeled appropriately by the pharmacy or physician stating the name of the medication, the dosage, and the manner to be given at school.**

Student _____ Date _____
Medication _____ Dosage _____
Date medication started _____ Reason for RX _____
Time(s) to be given at school _____
Expected duration of medication _____ days or long term (Yes or No)?
Further instructions or reactions to watch for _____

_____/_____
Physician's name printed Physician's signature
_____/_____
Physician's address Telephone Number/Fax #



***I certify that the student named above has received at least one dose of the medication requested and has not had adverse reactions to it. I authorize appropriate personnel to exchange information regarding this medication request with the health care provider listed and with the dispensing pharmacy identified on the medication label. I hereby give my permission for the above named student to take this medication at school as indicated. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my student in accordance with these written instructions shall not be liable for damages as a result of an adverse drug reaction suffered by the student.**

Date _____ Signature of parent of guardian _____