



**NORTH**  
 KANSAS CITY  
 SCHOOLS  
 e s t . 1 9 1 3

ID Number: _____	Cabinet: _____
Exp. Date: _____	School Year: _____

## Authorization for PRESCRIPTION Medications to be Taken During School Hours

### PARENT SIGNATURE REQUIRED

School \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last First Sex Date of Birth

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

- I give permission for the exchange of verbal and written communication between the physician and the school nurse regarding my child's medication regimen.
- I request that my child be assisted in taking the medicine(s) described below at the school by authorized persons or permitted to medicate herself/himself as also authorized by me and my physician (*see below*).

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**I understand that I, or another designated adult, will need to pick up this medication from the school nurse at the end of this school year. In the event this medication is not picked up, I understand that the remaining medication will be destroyed/ disposed of by the District/ school nurse.**

\_\_\_\_\_  
DATE PARENT/GUARDIAN SIGNATURE Date Witness

### PHYSICIAN SIGNATURE REQUIRED - MEDICATION WILL NOT BE ADMINISTERED WITHOUT PROPER PHYSICIAN AUTHORIZATION

DIAGNOSIS for which medication is given: \_\_\_\_\_

NAME of MEDICINE: \_\_\_\_\_

FORM: \_\_\_\_\_ DOSE: \_\_\_\_\_

State TIME for DAILY Medication: \_\_\_\_\_

If medication is to be given WHEN NEEDED, describe indications: \_\_\_\_\_

How soon can it be repeated? \_\_\_\_\_

Is child authorized to medicate herself/himself? \_\_\_\_\_

List significant side effects: \_\_\_\_\_

Length of time this treatment is recommended: \_\_\_\_\_

Other Information: \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PHYSICIAN SIGNATURE:** \_\_\_\_\_

## Medication Disposal/ Waste Form



Date: \_\_\_\_\_

Student Name/ DOB/ ID#: \_\_\_\_\_

Medication Name, Form and Strength: \_\_\_\_\_

Quantity Disposed: \_\_\_\_\_ Quantity Remaining: \_\_\_\_\_

Disposal Method/ Notes: \_\_\_\_\_

Nurse Name/ Credentials- PRINTED: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

Witness Name/ Title- PRINTED: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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PARENT PICK UP \_\_\_\_\_

*Date/ Time/ Amount/ Signature*

### Educational Programs Health Services

### **MEDICATIONS**

When possible, we encourage medication be administered at home using a schedule that will not require doses during school hours. However, a child's health care provider may deem it necessary for medication to be taken during school hours.

**If so, all prescribed medication must be accompanied by written permission from a licensed physician.**

#### **MEDICATION GUIDELINES FOR ALL NORTH KANSAS CITY SCHOOLS**

1. Written orders from a physician licensed to prescribe and written permission from the parent/guardian must be provided for any prescription to be given at school. The information will include name of the student, of the medication, dosage, route of administration, and time medication is to be taken.
2. All prescription medication must have the prescription/ pharmacy label attached by the pharmacist/physician and will include on the container: the child's name, the name of the medication and the dosage, and the physician's name.
3. All non-prescription over-the-counter medication must be sent in the original container marked with the student's name and accompanied by a parent's authorization to administer. ONLY the instructions on the container will be followed unless the physician provides alternative instructions. If a question would arise, the school nurse will have the right to refuse administration of the medication until further clarification is received and documented from the physician.
4. Any change in the time or dosage of medication must be accompanied by a written request from the physician.
5. It is the student's responsibility to come to the health room for assistance in taking medication.
6. Medication should NOT be sent with students on the bus. PARENTS SHOULD DELIVER MEDICATION TO THE SCHOOL NURSE OR OFFICE CLERK. Medication should be picked up by the parent when the illness is concluded or at the end of the school year. The nurse will not send medication home with a student.