HS0019 Rev. 1/17

REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS

Health Services Department Lincoln Public Schools • Lincoln, 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 an unlicensed health technician, or by a nurse, or by other school
 health personnel deemed competent through training or supervision by the Registered School Nurse to provide
 medication as called for in LPS Medication Administration Guidelines (2016).
- The school health office should be notified promptly if there are changes in your child's medication orders.
- A physician's (or other licensed prescriber's) authorization is required for medication to be provided at school
 for all prescription and over-the-counter medication products. 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 health office.
- All medication products must be sent to the school in the original container with label intact. Medications in bags or any other form of "home packaging" will not be accepted, due to safety considerations.
- Parents/guardians are encouraged to provide a two-week supply of medication.

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

		Name of medication and dose	
0:		at:	as directed
	Child's name	Approximate time	
or:			
	Reason for medica	ation	
		_	
ignature of parent/guardian:		Date:	
CONTACT INFORMATION FOR PA	ARENT/GUARDIAN:		
Parent Guardian's Name(s):	ARENT/GUARDIAN:		