

# SAINT AGNES SCHOOL



913-262-1686 • 5130 Mission Rd. • Roeland Park, Kansas 66205

## Medication Authorization

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School personnel must have parental consent to dispense **over the counter** medications. Be it understood that any school employee who administers any drug to my student in accordance with written instruction shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug. I hereby authorize the school nurse or person designated to administer medication in her absence, to administer the following medications (OTC) and/or prescriptions. All medications will be maintained in the nurses' office and dispensed according to label instructions and at the discretion of the school nurse.

Some primary care providers may determine that the use of nonprescription medications is a parental, not a physician decision and may be unwilling to "authorize" nonprescription medications in the schools since they have no control over which medications are actually purchased for use. Consequently, it may sometimes be in the best interest of the student for the registered professional school nurse to administer OTC medications in the original container with standardized dosing information, at parent request, for a specific, time-limited minor illness (e.g. cough drops, for colds, Ibuprofen for muscle strain) or for intermittent conditions (e.g. Acetaminophen or NSAIDS for menstrual cramps, hydrocortisone ointment for insect bites, etc). (*Medication Administration Guidelines/Best Practices per KDHE*)

**All over the counter medications will be administered from stock, according to package directions. Please check below the medications you would like to be made available to your child.**

- \_\_\_\_\_ Ibuprofen (generic Advil or Motrin)
- \_\_\_\_\_ Acetaminophen (generic Tylenol)
- \_\_\_\_\_ Antacids (generic Tums)
- \_\_\_\_\_ Throat Lozenges / Cough Drop (Ricola, Halls mentholyptus, Chloraseptic)
- \_\_\_\_\_ Lotions, creams, ointments (generic Neosporin, Cortaid, Calamine, Eucerin)

All **prescription** medication must be provided in the original pharmacy container and appropriately labeled. This will serve as the physician's signature. The Kansas Department of Health & Environment requires that all prescription medications, that need to be given to a child at school, be in the **pharmacy bottle labeled with the name of the child, medicine, and dosage**. Prescription is to be current. School must be notified in writing if medicine is discontinued. If a change in type of drug or dosage is warranted, a new request signed by parent and/or physician must be provided. If it is necessary for the student to retain possession of medications (i.e. inhalers), this must be discussed with the school nurse, requested in writing via this form and approved by your child's physician.

1. \_\_\_\_\_  
prescription medication                      when to be given                      date                      reason

2. \_\_\_\_\_  
prescription medication                      when to be given                      date                      reason

I **do** want medications given

I **do NOT** want medications given

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date