

# 1-R School

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Mr. Bill Mowinkel, Superintendent  
Mr. Scott Mazour, Principal

## PARENTAL CONSENT FOR MEDICATION

**IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:** Your written consent is required before your child may receive medication at school. By signing below, you acknowledge the following:

- You have reviewed the information and agree that your child may safely take the medication in the stated dose.
- The school nurse has the responsibility of approving your child's use of the medication. In the case of a child with special healthcare needs, the school nurse may request authorization from your physician.
- A physician's authorization will be required for any of the following reasons.
  - Your child requires more than five doses of acetaminophen or ibuprofen in a 30-day period.
  - Your child requires more than five consecutive, daily doses of acetaminophen or ibuprofen.
  - In the judgment of the school nurse, your child is ill and not improving.

In the event your child is ill and school policy requires exclusion from school, your child will be excluded regardless of the use of medication.

**OVER-THE-COUNTER MEDICATION:** I understand that over-the-counter medication (*such as aspirin, non-aspirin, antacids, cough medication, or throat lozenges*) must be (1) provided by the parent; (2) sent in the **ORIGINAL** container; and (3) accompanied with parent instructions for administration.

**PRESCRIPTION MEDICATION:** Prescription medication must be sent in the **ORIGINAL** container, which is properly labeled with the instructions and name of the prescribing physician.

I give permission for 1-R School's unlicensed, trained personnel to administer the medication described below. I also understand that the prescribing physician may be contacted for further information.

Student Name: \_\_\_\_\_

Medication: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Notify me when my child takes this medication:  No  Yes *If yes, call me before*  *send a note home with my child*

Name of parent to contact and phone number: \_\_\_\_\_

### INSTRUCTIONS FOR ADMINISTERING MEDICATION:

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### **STUDENTS WITH INHALERS** (*if applicable*):

My child is proficient at self-administering his/her inhaler and may carry it with him/her. I understand that I must provide **TWO** inhalers: one inhaler to be kept in the school office and the second inhaler to be carried by my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_