

**LEYTON PUBLIC SCHOOLS
REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS**

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

The purpose of medication is to benefit learning and attendance. If possible, parents/guardians are encouraged to administer medications at home. Medication at school will be administered in accordance with the Medication Aide Act and Leyton Public Schools Board Policy 5024.

Over the counter medications provided by the school are: Acetaminophen (Tylenol), Ibuprofen (Advil), in weight appropriate doses, and non-prescription cough drops. **All other medications will need to be supplied in the original container by the parent.** Other products that may or may not be available in the office are: skin lotion, deodorant, sting kill swabs, vaseline, generic "triple" topical antibiotic, aloe gel, rubbing alcohol, topical diphenhydramine (Benadryl) and saline solution for contact lenses.

Your **written** consent is required **prior** to school personnel providing or administering medication to a child in school. By signing on the back of this form, you acknowledge the following:

- **All medications brought to the school are to be presented in their original container with the label intact. Medications in bags or any other form of "home packaging" will not be accepted due to safety considerations.**
- **For prescription medications**, the school has a statement to administer medication from the **parent AND licensed prescriber.**
- **For over the counter medications**, the school has a statement to administer medication from the **parent.**
- The parent/guardian is aware that your child's medication may be given by a nurse, an unlicensed paraeducator, or by other school health personnel deemed competent through training on how to provide medication according to the Nebraska Medication Aide Act.
- Parent/guardian authorization and/or prescriber's statement is renewed annually.
- Changes in medication administration need to be accompanied with a NEW authorization form signed by the parent/guardian and licensed prescriber if needed.
- Unused, discontinued, or outdated medications are to be picked up by the parent/guardian. In the event medications are not collected by the parent/guardian at the end of the present school year (within 7 days), they shall be counted by the school nurse and one other Medication Aide, and destroyed by the school nurse in accordance with state laws.
- The school nurse and prescribing physician have permission to communicate verbally and/or in writing regarding any questions or concerns about this medication and its administration at school.

LEYTON PUBLIC SCHOOLS
REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS:
PRESCRIPTION AND OVER THE COUNTER (OTC) MEDICATIONS

I give permission to the Leyton Public Schools to provide:

_____ to _____
Name of Medication *Child's Name*

at _____ by _____
Time to be given *Route (ie. oral, topical)*

for _____
Reason for Medication

Date Medication administration begins: _____

Date Medication administration ends: _____

Special instructions for administration: _____

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_____ *Signature of Parent/Guardian* _____ *Date*

_____ *Home Phone Number* _____ *Work Phone Number* _____ *Cell Phone Number*

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_____ *Signature of Licensed Prescriber* _____ *Date*
(only needed for prescription medication)

_____ *Physician/ Licensed Prescriber Address* _____ *Fax Number* _____ *Phone Number*
(only needed for prescription medication)