

GRAND ISLAND PUBLIC SCHOOLS

**8514.1 Grand Island Public Schools
Parental Consent for Medication**

In accordance with School District of Grand Island Board Policy 8514, I give permission to administer the medication described below.

I understand that over-the-counter medication (such as aspirin, non-aspirin, antacids, cough medication, or throat lozenges) must be provided by the parent, must be in the original container and must be accompanied with parent instructions for administration. Medications that are not FDA approved, including but not limited to, herbal remedies, essential oils, dietary supplements and naturopathic medicines, will not be dispensed by the school district.

Prescription medication must also be in the original container and properly labeled with the student's name, the name of the medication, the dosage and times to be given, and name of the prescribing physician. Prescribed treatments will be described on a written prescription from the physician. The school nurse will contact the physician listed below if there are medical concerns with the treatment prescription.

All medications to be administered shall be stored at the school nurse's office or other secure location throughout the day. Except under conditions specified in item three of policy 8514, no medication will be administered without the completion of this form and the signature of the parent or guardian.

I understand that the prescribing physician may be contacted for further information.

Student

Grade

Medication

Name of Physician

Signature of Parent or Guardian

Date

Instructions for administering FDA approved over-the-counter medication:

Please list any allergy to medication or other concerns: