

# 8514-DISPENSATION OF MEDICINES

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## School District of Grand Island Parental Consent for Medication

In accordance with School District of Grand Island Board Policy 8514, I give permission to administer medication as 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, 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 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. Inhalers will be allowed to be carried by the student in middle school and senior high (grades 6-12). Elementary student may carry inhalers with physician approval. 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
_____	_____
Signature of Parent or Guardian	Date

Please list any allergy to medication or other concerns :

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