

Unified School District #210

304 E. 6th Hugoton, KS 67951 620-544-4376

School Health Office 2011-2012 School Year



In accordance with the Guidelines for Medication Administration in Kansas Schools and K.A.R. 60-15-101 through 60-15-104 of the Kansas Nurse Practice Act please fill in the following form for your student to receive over-the-counter (OTC) medications at school. These OTC medications will only be administered at the written permission of the parent or physician and when the school nurse or delegated staff assesses the need for the use of the OTC medication. Any school employee who administers any OTC medication with written instructions from the Parent/Physician shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of the administration of OTC medication. Over-the-counter medications such as Tylenol and Ibuprofen will be dealt with on an individual basis and a parent will be notified when a need arises.

Student Name: _____

Birthdate: _____ Grade: _____ Teacher: _____

YES

NO

Triple antibiotic ointment (for cuts or scrapes)

Hydrocortisone ointment (for insect bites, rashes)

Orajel (for toothache, cold sores)

Cough drop

I wish to be notified when any of the above OTC medications are administered at school.

Any known allergies: _____

Signature

Date