

522079 Rev. 3/95

## **GUIDELINES FOR ADMINISTERING MEDICATION**

Department of Student Services
Office of Health Services
Lincoln Public Schools
Lincoln, Nebraska

A physician's authorization and a signed parent permit is required in order for school personnel to administer medication to a student. Medication can legally be given only with a physician's written order. Medication must be brought to school in the prescription container, properly labeled, including: child's name, physician's name and directions for administering.

Please consult your physician on the timing of medication as some prescriptions can be written to eliminate the need for giving medication during school hours.

| Over the counter medications will be given with a written order from a physician and the parent's signed directive. |              |              |                                 |      |                  |
|---|--------------|--------------|---------------------------------|------|------------------|
|   |              |              |                                 |      |                  |
|   |              |              |                                 |      |                  |
|   |              |              |                                 |      |                  |
|   |              |              |                                 |      |                  |
|   |              |              |                                 |      |                  |
| give permission to North American Martyrs to administer   |              |              | (name of medication and dosage) |      |                  |
| to  | at           |              | •                               |      | y our physician. |
| (child's name)  |              | (approximate | time)                           |      | ,                |
|   |              |              |                                 |      |                  |
|   |              |              |                                 |      |                  |
| signature of parent   |              | -            |                                 | date |                  |
|   |              |              |                                 |      |                  |
| Please list the telephone numbers where you can   | be reached.  |              |                                 |      |                  |
| home  | <del>-</del> | <del></del>  | work                            |      |                  |
| nome  |              |              |                                 |      |                  |
| Additional information  |              |              |                                 |      |                  |
|   |              |              | · .                             |      |                  |
|   |              |              |                                 |      |                  |