

LENNOX SCHOOL DISTRICT 41-4  
MEDICATION PERMISSION FORM

Grades EC-12

**(PHYSICIAN SIGNATURE REQUIRED)**

**FOR ANY MEDICATION THAT WILL BE ADMINISTERED BY MEDICATION TRAINED STAFF INCLUDING  
PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS**

Requires renewal at the beginning of each school year

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PARENT(S)/LEGAL GUARDIAN: \_\_\_\_\_

PHONE # \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

**We encourage medication/treatment to be arranged outside of school hours if possible. A separate form must be filled out for each medication taken.**

**STUDENT INFORMATION:**

1. Food/drug allergies: \_\_\_\_\_
2. Name of medication: \_\_\_\_\_
3. Reason for medication: \_\_\_\_\_
4. Dosage: \_\_\_\_\_
5. Method of administration : \_\_\_\_\_
6. Time(s) to be administered at school: \_\_\_\_\_
7. Medication to be administered from: \_\_\_\_\_ to \_\_\_\_\_  

Month/Date Year
Month/Date/Year
8. Possible side effects: \_\_\_\_\_
9. Other medications being taken by student: \_\_\_\_\_

**If this is an emergency medication (inhaler, epipen), has the student been instructed to self-administer and may he/she do so?**

\_\_\_\_\_ yes      \_\_\_\_\_ no

Physician Signature	Telephone	Date
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Changes may be called to the school nurse by the prescribing provider with written confirmation within 24 hours. Faxes are acceptable.

I authorize the above named school to administer the medications prescribed on this form to my child. I understand the medication must be provided in the original properly labeled container. I give permission for communication that may be necessary between the prescribing provider and the school nurse to insure safe medication administration for my child. I also give permission to school personnel to share information relevant to the prescribed medications as he/she determines appropriate for my son's/daughter's health and safety. I have read the opposite side of this form and understand all of the requirements for "assistance with administration of medications" set forth by the Lennox School District 41-4.

I absolve the Lennox School District personnel of all responsibility for any unforeseen development or reaction attributable to the supervised administration of the above-named medication.

Parent(s)/Legal Guardian Signature	Date
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**\*PLEASE REFER TO OTHER SIDE\***

For office use:  
 Expiration Date of Medication Received \_\_\_\_\_  
 Required Storage Condition \_\_\_\_\_  
 Quantity of Medication Received by the School \_\_\_\_\_ Date \_\_\_\_\_  
 Signature: \_\_\_\_\_ / \_\_\_\_\_

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The Lennox School District recognizes that some students need to receive medication during the school day and during school activities. The School Board permits medication to be given in school or while involved during a school activity only when the student's health and continuing attendance so requires and when the medication is administered in accordance with policy and regulation.

We encourage medication administration to be arranged outside of school hours, if possible. If medication administration is absolutely necessary during school hours, please follow these guidelines:

1. Our policy states that all medication will be given before lunch (i.e. insulin) or at noon. For liability reasons, we cannot give morning doses, or those that should be taken at 3:00 or 3:30 pm. If a child has a condition that requires medication to be given other than at noon, a physician's statement as to the reason why and signature are required.
2. Medication trained personnel will assist students with an over-the-counter medication (i.e. Tylenol, Ibuprofen, etc.) when a Medication Permission Form is completed. Over-the-counter medication must be in the manufacturer's bottle. **Parent/guardian will need to supply all medication.**
3. Parents must complete and sign a medication permission form for each medication they want the school to assist with (see other side). If there is a change in medication, the caregiver must fill out another form. **Absolutely no medication may be given without this medication permission form filled out and signed by both the parent and the child's physician. It is the responsibility of the child to come to the office to take his/her medication.**
4. Parents of students in Junior K-6<sup>th</sup> grade must deliver the medication to the school nurse or unlicensed assistive personnel. Students in grades 7-12 may transport medication from home to the school nurse or unlicensed assistive personnel. Medication must be in a container provided by the pharmacy- with the identifying name and phone number of the pharmacy. The label must contain the name of the medication, date prescribed, child's name, the dosage, and the physician's name and number. Your pharmacist can give you an extra medication bottle if medications need to be administered at school. A medication form is needed for both long term and short term medications. For example, antibiotics that are given for a short period of time will need a form completed. Nebulizer treatments will also need to have a Medication form completed.
5. Any student with asthma or anaphylaxis may carry and self-administer medications if a physician states they are capable of self-administering the medication.
6. All medications administered by medication trained staff will be locked in a secure location in the school office. The school nurse or medication trained school personnel will promptly count and document all medications received.
7. Medication administration will be supervised by qualified personnel, i.e. health staff or by other appropriate staff, trained in the administration of medications.
8. Staff assisting with the administration of medications shall maintain an individual record of medications dispensed and notify parents immediately of any observed reaction to the medication or if the child misses a dose.
9. The caregiver may retrieve the medication from the school at any time; however, the medication will be destroyed if it is not picked up within one week following the termination of the order or within one week after the close of school.

Please call the school nurse at 647-2203 with any questions or concerns. Thank you for your cooperation in assisting the Lennox School District to keep your child in overall good health.

Renee Johnson, RN  
School Nurse

Fax #- Lennox Elementary- 605-647-6043

Fax #- Lennox High School and Middle School- 605-647-6045

Fax #- Lennox Intermediate School- 605-647-2502

Fax #- Worthing Elementary- 605-372-6046