

SUTHERLAND PUBLIC SCHOOLS
MEDICATION PERMISSION FORM

PLEASE BRING your medication into the office with this form.

Student Name _____ Date _____

Type of Medicine _____

Dosage of Medicine _____ What Time _____

Frequency _____

How long will student be taking this medicine? _____

Personnel of the Sutherland Public Schools have my permission to administer the medication I have just described.

By signing this form, the parent/guardian accepts responsibility for monitoring the therapeutic effect of the medication. The parent/guardian also accepts sole responsibility for the transportation of medications to school and the responsibility to pick up any medication that remains unused at the end of the school year or when medication is discontinued. The only exceptions will be eye drops, eardrops, and topical medications, which may be transported to and from school by the student. The school nurse will destroy all medications that are not retrieved at the end of the school year by the parents/guardians.

Parent/Guardian Signature

Parent Phone Number

Teachers are not allowed to give medications to students. All medications must be given either by the school nurse or designated office personnel.

We encourage parents to give medications at home whenever possible. A medication which is ordered 3 times a day may be give before school, after school and at bedtime unless otherwise specified by your physician. If your child needs to take medicine at school, a few rules apply for the safety and well being of all:

1. Medication is kept in school office.
2. No medication will be given unless it is in the original container so that it can be properly identified. This means pills sent in an envelope or baggy with a note will not be given, and must be picked up by the parent or will be destroyed.
3. No medication will be given without a signed note from the parent/guardian, which tells the school what the medicine is, the amount to be given, and the time it is to be given.

Thanks for your cooperation.

POLICY EAT
GUIDELINES FOR ADMINISTERING MEDICATION

Medications should be given at home whenever possible.

In the event that school personnel are requested to administer prescription medication to students during school hours, the following regulations will be adhered to:

1. Medications shall be presented in a school only on a current individual prescription basis.
2. Medications shall be present in school only on a current individual prescription basis.
3. The parent or guardian of the student shall request, in writing, that the school district comply with the physician's order, and will give specific instructions as to the exact time or times such medication is to be administered.
4. Medications must be brought to school in a container appropriately labeled by the pharmacy or physician.
5. The school nurse shall administer medication or other persons designated by the school nurse and principal. Any person other than the school nurse providing medication will be given instruction as to proper procedures by the school nurse. High school students may take their own medication in the presence of the school nurse or other person designated, provided parent/guardian informs the school in writing.
6. Medication administered at the school shall be stored in a secure, clean container or cabinet not accessible by students.
7. Opportunities shall be provided to communicate with the student, parent, and physician regarding the effects of the medication administered during school hours.
8. Injections: Automatic Dose Injections (such as Epi-Pens in response to bee stings and other allergic reactions) may be given by trained district paraprofessionals. Any other type of injections that are given in response to an emergency will only be given by a school nurse. If a school nurse is unavailable, Emergency Medical Services (911) and the parents/guardians shall be called immediately.
9. Inhalers: Elementary students shall leave inhalers in the area designated for medications; unless the school is provided with a signed physician's order requesting otherwise. Middle School and High School students may carry their inhalers with them and use them without supervision; however the school will have to be advised, in writing, by the student's parent/guardian or a physician regarding the use of the inhaler.
10. Over the counter medications may be administered to students provided they are sent to school in original packages with a written note from the parent or guardian requesting use by the child. Elementary students will be allowed to keep cough drops in their classroom for access from the teacher when brought to school, accompanied by a parent note requesting use by the child.

ATTENTION PARENTS

Dear Parents:

If your student has Asthma, a severe food allergy or will be using an inhaler during school hours, please contact the school nurse, Diane Huebner to answer a few questions so she may fill out an Action Plan as required by the State of Nebraska.

The school nurse will be in the school building one day each week. Please call the school to set up a time to meet with her.

If you were contacted this summer regarding your student's immunization status, *please* call or send in dates to the school secretaries or the school nurse. Your immediate attention is requested on this matter. Immunizations are state requirements and are necessary for school attendance.

Thank you for your cooperation.

Sutherland Public Schools
308-386-4656



Self-management Of Asthma and Severe Allergy (Anaphylaxis) at School Consent/release form

Parental consent/release in writing is required annually and must be accompanied by:

- Signed physician authorization for self-management of asthma/anaphylaxis at school.
- Current written medical management plan. The school can provide a form for your use.
- We strongly recommend you allow us to keep an extra supply of your child's medications at school.

PARENT/GUARDIAN: By signing below, you acknowledge the following:

1. You are requesting that your student be allowed to self-manage his or her asthma or allergy condition at school.
2. You have confidence that your student has the knowledge and skills need to self-manage his or her asthma or allergy condition at school.
3. You understand that you are not required to make this request on behalf of your child. Your child may utilize the health office for asthma and allergy cares. Your child may request assistance from qualified school health personnel at any time during the school day.
4. If your student injures school personnel or another student as a result of misuse of asthma or allergy supplies, you shall be responsible for any and all cost associated with such injury.
5. The school and its employees are not liable for any injury or death arising from a student's self-management of his or her asthma or allergy condition.
6. You will indemnify and hold harmless the school and its employees and agents against any claim arising from a student's self-management of his or her asthma or allergy.

Parent/Guardian Printed Name

Student Printed Name

Parent/Guardian Signature

Date

THIS PORTION RECOMMENDED, NOT REQUIRED

STUDENT: By signing below, you agree that you understand:

1. You must not share, or allow another student to handle, your medications or supplies.
2. You will notify the school nurse or other designated adult when you have used your medication.
3. If you don't feel better after using your medication, you will seek help from school personnel.

Student Signature

Date

Student Printed Name

Summary of the School Immunization Rules and Regulations

2019-2020

Student Age Group	Required Vaccines
Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider	4 doses of DTaP, DTP, or DT vaccine 3 doses of Polio vaccine 3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age 3 doses of pediatric Hepatitis B vaccine 1 dose of MMR or MMRV given on or after 12 months of age 1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. 4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age
Students entering school (Kindergarten or 1 st Grade depending on the school district's entering grade)	3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4 th birthday 3 doses of Polio vaccine 3 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age 2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month 2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had varicella disease, they do not need any varicella shots.
Students entering 7 th grade	Must be current with the above vaccinations AND receive 1 dose of Tdap (contain Pertussis booster)
Students transferring from outside the state at any grade	Must be immunized appropriately according to the grade entered.

Source: Nebraska Immunization Program, Nebraska Department of Health and Human Services. . For additional information, call 402-471-6423.

The School Rules & Regulations are available on the internet: http://dhhs.ne.gov/Pages/reg_t173.aspx (Title 173: Control of Communicable Diseases - Chapter 3; revised and implemented 2011)
 Updated 01/26/2018