

**LEE'S SUMMIT R-7 SCHOOL DISTRICT
ADMINISTRATION OF MEDICATION TO STUDENTS
(Parent Consent Form)**

Name: _____ Date of Birth: _____

Age: _____ School: _____ Grade /Teacher: _____

Known Drug Allergies (list) _____

Medication must be in the original container and brought to the Health Room and picked up by a parent/guardian

Name of Medication to be given at school: _____

Reason for Medication: _____

Dosage: _____ Time(s): _____

Dosage: _____ Time(s): _____

Physician's Name: _____ Phone Number: _____

Physician's Signature: _____ Date: _____

(Prescription label will suffice as physician signature)

Do you want the mid-day dose given on early release day? Yes No

Do you want the morning dose to be given on Late-Start Friday? Yes NO

Do you want the scheduled medication sent and given when student is attending a field-trip? Yes NO

- I hereby give permission for my student to receive the above medication at school.
- I have given the first dose of medication at home.
- I hereby give permission for the school nurse to communicate with the prescribing physician.
- I understand that all unused, discontinued and/or expired medication not picked up by a parent/legal guardian at the end of the school year will be destroyed.

Parent/Guardian Signature: _____ Date: _____

NOTICE

Schools in this district are equipped with pre-filled epinephrine auto-syringes that can be administered in the event of severe allergic reactions that cause anaphylaxis. Epinephrine will be administered in accordance with written protocols provided by the authorized prescriber, except for students authorized to carry and self-administer epinephrine in accordance with LSR7 Board Policy.

There are some medications that the district does not delegate administration of to unlicensed personnel. For more information, see Board Policy JHCD: Administration of Medication to Students and Administrative Procedure JHCD -AP: Administration of Medication to Students at www.lsr7.org