

**OMAHA PUBLIC SCHOOLS
HEALTH SERVICES
PERMISSION FOR MEDICATION**

Dear Parent/Guardian:

Only those medications that are medically necessary during school hours for a student's attendance should be sent to school. Omaha Public Schools requires physician/dentist/APRN/PA's written order and parent written permission (this includes all over-the-counter medications including Tylenol, cough drops, cough syrup, etc.). ***The very first dose of a medication for a current condition/illness may not be given at school without specific authorization from the prescriber.***

Send the medication to school in the original container with the current prescription label attached. Upon request, your pharmacist may label two containers, one for home and one for school.

_____ School Nurse _____ School _____ Phone

Please sign your authorization for school personnel to administer the medication. Thank you.

I hereby authorize school personnel to administer the medication listed below to my child,
_____, during school hours.

Child's Name

_____ Parent/Guardian Signature _____ Date

FOR SECONDARY STUDENTS ONLY (GRADES 7-12) –

I give permission for my child, _____, to bring his/her
Child's Name
medication(s) home at the end of the school year.

_____ Parent/Guardian Signature _____ Date

ORDERS FOR GIVING MEDICATION IN SCHOOL

Name of student: _____ Date of Birth: ____ / ____ / ____

Diagnosis: _____

Name of medication: _____

Dose: _____

Time and circumstance of administration at school: _____

Can a reaction be expected? _____ If so, please describe _____

_____ Health Care Provider Signature _____ Phone Number _____ Date of Order