# Kane Area School District
# Information and Authorization for Medical Services

Dear Parent/Guardian:

At any time during the school year, please notify the school nurse of any health related problems your child may acquire or any new medications (or medication changes) that he/she may be required to take.

Medications should be given before or after school hours whenever possible. If it is essential that your child receive medication during the school hours, the medication will be administered under the following conditions:

1. All medication brought to school **MUST** have a written order from the prescribing physician and request from a parent or guardian. Each school year the physician's order must be updated.

2. All medication **must be brought in by a parent/guardian or designated adult** and delivered to the health room or the main office upon arrival at school in the morning.

3. Medication should be in the original pharmaceutical container and be clearly marked with the student's name, name of the medication, dosage, and the time to be administered. Only the amount of medication required to be administered during school hours should be delivered. Any medication left at school after the last prescribed dose will be discarded.

4. **Students are not permitted to carry medication with them during the school day except in rare instances when medication is necessary for life threatening emergencies. Students will be permitted to carry and self administer asthma inhalers and EpiPens in school under special circumstances. Prior approval must be obtained from your physician and the school nurse (per School Board Policy 210 and 210.1).**

The School Health Act requires that medical and dental examinations be given in specific grades as follows:

Medical*- Grades K, 1, 6 and 11
Dental*- Grades K, 1, 3 and 7
Growth- Grades K-12
Scoliosis Screening- Grades 6 and 7
Vision- Grades K-12
Hearing- Grades K - 3, 7 and 11

**These exams may be done by the student's family physician/ dentist or by the school physician/dentist.*

**Thank you for your cooperation in these matters to insure the health and safety of your child. Please complete and return the following form by August 30th, 2024.**