

# Kasson-Mantorville Schools Over-the-Counter & Antibiotic Medication Authorization

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
          Last                    First                    Middle

School \_\_\_\_\_ Grade \_\_\_\_\_

Fax #'s:       Elem. - 634-1240                   Intermediate – 635-5720  
                  Middle – 634-6485                   High School – 634-4745

Medication	Dosage	Time	Duration
1. _____			
2. _____			
3. _____			

Medical reason for medication \_\_\_\_\_

I release school personnel from liability in the event my child has a reaction from the administration of this medication.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Relationship to student)

\_\_\_\_\_  
(Phone number during the day)

## **ANTIBIOTIC & OVER-THE-COUNTER MEDICATION POLICY**

Antibiotic & Over-the-Counter Medications will be allowed at school and administered by the health office if the following conditions are met:

1. A parental authorization will be sent to school with the following information:
  - Name of the medication
  - Amount of medication to be given
  - The time the medication may be taken
  - Reason for the administration of the medication
  - A statement from parents or guardians releasing the school personnel from liability in the event my child has a reaction from the administration of this medication.
2. The health office reserves the right to limit the duration of time an antibiotic or over-the-counter medication is used at school.
3. Any administration of an antibiotic or over-the-counter medication will be documented on a medication flow sheet as are the prescription medications.
4. Antibiotic medication must be brought in the original container and Over-the-counter medication must be brought in the original purchased sealed container with the child's name written on it.
5. On Antibiotic medication -- only the dosage and duration prescribed by the physician on the packaging will be administered. For Over-the-counter medication – only the dosage and duration recommended on the packaging will be administered unless recommended otherwise by a physician's written order.
6. Administration of aspirin or aspirin containing products requires a physician's written order, in addition to parental permission.
7. Parents of elementary age students will be notified in writing (via a health office visit sheet) if their child has an over-the-counter medication administered at school.