

**TOPEKA PUBLIC SCHOOLS
NURSING SERVICES**

REQUEST TO ADMINISTER MEDICATION

BOARD POLICY:

MEDICATION IS GIVEN AT SCHOOL ONLY UPON WRITTEN REQUEST FROM BOTH A LAWFUL CUSTODIAN AND A PERSON WHO IS LICENSED TO PRACTICE MEDICINE AND SURGERY OR DENTISTRY IN THE STATE OF KANSAS AND IS PRESCRIBING THE MEDICATION. THESE WRITTEN REQUESTS ARE REQUIRED BEFORE ADMINISTRATION OF ANY MEDICATION IS INITIATED. IMPLEMENTATION OF THE REQUESTS MUST FOLLOW THE ELEMENTARY AND SECONDARY SCHOOLS ACCREDITATION REGULATIONS KAR 91-31-3 AS AMENDED MAY 1, 1988.

Please provide all requested information:

Name of Pupil _____ Birth date _____

The above named pupil needs to receive the medication during his/her regular school attendance time:

Medication _____ Dosage _____

Requested starting date _____ Expected duration _____

School time schedule of administration _____

Diagnosis _____

Other pertinent information _____

Date _____ Physician's signature _____

THE FOLLOWING TO BE COMPLETED BY PARENTS/GUARDIANS:

I hereby certify that _____ has previously had at least one dose of the prescribed medication and did not have an adverse reaction from it. I request that this medication be administered at school as directed above. I understand that any school employee who administers this prescription to my child in accordance with written instructions from the physician or dentist (Board of Education policy) shall not be liable for damages as a result of an adverse drug reaction suffered by the pupil because of administering such drug or because of mislabeled or altered product. I hereby authorize Topeka Public School Nursing Services personnel to exchange information regarding this request with _____, the above name attending physician and with the pharmacy as identified on the affixed pharmacy label.

A parent/guardian may request a medication be discontinued by completing a "REQUEST AND PERMISSION TO DISCONTINUE THE SUPERVISION OF MEDICATION AT SCHOOL" form.

Date _____ Signature _____

Parent or Guardian