



Central Elementary
900 7th Street
Wamego, KS 66547
785-456-7271

West Elementary
1911 6th Street
Wamego, KS 66547
785-456-8883

Wamego Middle School
1701 Kaw Valley Road
Wamego, KS 66547
785-456-682

Wamego High School
801 Lincoln Street
Wamego, KS 66547
785-456-2214

Nurse: Sha Johnson, RN
johnsons@usd320.com

Nurse: Leah Sheldon, RN
sheldonl@usd320.com

www.usd320.com

Request for Administration of OTC Medication
USD 320 medication policy complies with state law and regulations.

Student Name: _____ Grade Level: _____

Teacher: _____

Medication: _____ Dosage: _____

Date medication started: _____ Reason for RX: _____

Time of day administered: _____ Anticipated # of Days to be administered: _____

If using an inhaler, is student able to keep at desk/locker and self-administer as needed? Y N

I hereby give my permission for _____ to the above medication at school as ordered. I understand that it is my responsibility to provide this medication. I further understand that any school employee who administers any drug to my child in accordance with written instructions from the physician or dentist, shall not be liable for damages as a result of an adverse drug reaction suffered by the student. My child has/will have received at least one dose of this medication without an allergic reaction before bringing the medication to school. The USD 320 nurse has my permission to call the prescribing doctor regarding this medication and/or the pharmacy as identified on the affixed pharmacy label.

Please Note:

- The medication must be brought to school in the original container, appropriately labeled by the pharmacy or physician, stating the name of the medication, the dosage, and the number of days to be administered at school.
- Students who are on an on-going prescription must complete a new consent form each school year.

Please check the school handbook for more information.

Parent/Guardian Signature

Date