

USD #285 Cedar Vale Schools

All Grades - - - Medical Consent Information

I, the parent and/ or legal guardian of _____, give my legal consent & authorize any representative of USD 285 to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above named child, for any injury or illness of an emergency nature he/she incurs while participating in school or any school sponsored activity.

I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize any necessary treatment. To facilitate contacting me, I agree to continue to provide current home, cell, & work phone numbers to the school.

Insurance Company: _____

Policy/ Consumer Number: _____

Non-Prescription Medication Permission

I, the parent and/ or legal guardian of _____, give my legal consent & authorize any representative of USD 285 to administer non-prescription meds as needed to my above named child.

Medication

Prescription medicine must be in the original container & be prescribed by a doctor. Information concerning the amount & frequency of the dosage must accompany the medicine. Because schools do not administer medications, the school personnel will only observe & record the medication was taken. (Ask your pharmacist for a second, labeled bottle to be brought to school.)

For non-prescription or "over the counter" medications, the medicine should be in the original container & must be accompanied by this permission note from the parent. If school personnel observe misuse, a doctor's permission may be required. The person observing the student will record non-prescription medicines.

Parents or legal guardians may come to the school to administer the medications. Please try to have the doctor prescribe medicine that is to be taken three times daily to consider morning, after school, & at bedtime. This will keep students from bringing many medications to school.

Signature of Parent/ Guardian _____