

USD 496
PO BOX 98 ROZEL, KS 67574
PAWNEE HEIGHTS SCHOOLS
PO BOX 97 ROZEL, KS 67574

Casey Robinson, K-6 Principal; USD 496 Superintendent
Mark Pywell, 7-12 Principal

Traci Nuckolls, District Clerk

620-527-4212 FX: 620-527-4515

Tricia Colglazier, K-12 Secretary/Registrar

620-527-4211 FX: 620-527-4215

Permission for Prescription Medication

Name of Student: _____ **Grade:** _____

School: _____

Medication: _____ **Dosage:** _____

Date Started: _____ **Time of day to be given:** _____

Physician's signature

Date

PARENT PERMISSION

I hereby give my permission for _____ to take the above prescription medication at school. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers this medication to my child in accordance with written parental permission, physician, or dentist orders, shall not be liable for damage as a result of an adverse reaction suffered by the student following administration of such drug.

Also, I give the school nurse permission to communicate with the physician or dentist as needed concerning this medication.

NOTE: Medication must be supplied in the original container, appropriately labeled stating the name of the medication.

Signature of Parent/Guardian

Date