

## Kids Zone Program Medication Authorization Form

Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
Teacher: \_\_\_\_\_

**MEDICATIONS TO BE DISPENSED DURING KIDS ZONE SHOULD BE KEPT TO A MINIMUM.**

\_\_\_\_\_ is being treated under my supervision and needs the following medications to be taken during Kids Zone at the following times:

Start Date	Medication	Dosage	Time	End Date

I consent to allow district personnel to dispense medication to my child as provided in the above written guidelines.

I fully understand the Liberty School District No. 53 Board of Education, employees, and volunteers thereof shall not be held responsible or liable in the event of injury resulting from medication dispensed by district personnel.

I consent to allow my child to transport any (non-controlled) medication from school to home.

I fully understand the Liberty School District No. 53 Board of Education, employees, and volunteers thereof shall not be held responsible or liable in the event of injury resulting during transportation of a medication from school to home.

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

\_\_\_\_\_  
(Signature of Parent/Guardian)

**MEDICATION RETURNED TO PARENT/GUARDIAN:**

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

\_\_\_\_\_  
(Signature of Parent/Guardian)

## **MEDICATION ADMINISTRATION PROCEDURE**

### **Kids Zone**

Medication should be given at home whenever possible. Most medications prescribed for three times a day can be given before the child leaves for school, when the child gets home from school, and at bedtime. If medications must be given during Kids Zone, the following procedures will apply:

#### **ALL MEDICATIONS**

Written authorization from the parent must be sent with the medication or Kids Zone Personnel will not administer the medication. The back of this form must be signed and returned to school. Medication is kept with Kids Zone Personnel at all times (including cough/throat lozenges).

#### **PRESCRIPTION MEDICATIONS**

1. Medicine must be in the original and current prescription bottle. The pharmacist can provide an extra, labeled prescription bottle for school doses.
2. The prescription label must contain the child's name, name of the medicine, dosage, and directions.
3. The first dose of any medication will be given at home. Kids Zone Personnel may not administer the first dose of any medication.
4. Please consult Kids Zone if your child requires controlled substance medication. These medications must be hand delivered to Kids Zone by a parent or other responsible adult.

#### **OVER-THE-COUNTER MEDICATIONS**

(Tylenol, ibuprofen, cold and cough medications, etc.)

1. Non-prescription medication must be in the original container clearly labeled with the student's name, and be accompanied by written authorization from the parent.
2. No medication will be given past the expiration date on the container.
3. Over-the-counter medications will be given as advised on the bottle (i.e. limits related to age, weight, etc.), unless directed differently in writing by a physician.
4. Medications and supplements not approved by the FDA (i.e. dietary supplements, herbal remedies) require written authorization from the parent and physician.

#### **INJECTABLE MEDICATIONS**

(For asthma, allergies, diabetes, bee stings, etc.)

If a medical condition exists requiring injectable medication, whenever possible, the student should self-administer the medication. In an emergency, Kids Zone Personnel will follow the individual student's agreed upon emergency action plan. *A prescription label or written order from the physician, and written parent authorization are required for the administration of all injectable medications.*

