OMAHA PUBLIC SCHOOLS
HEALTH SERVICES
MEDICATIONS PERMISSION

Dear Parent/Guardian:

Only those medications that are medically necessary during school hours for a student's attendance should be sent to school. Omaha Public Schools requires physician/dentist/APRN/PA's written order and parent written permission (this includes all over-the-counter medications including Tylenol®, cough drops, cough syrup, etc.). *The very first dose of a medication for a current condition/illness may not be given at school without specific authorization from the prescriber.*

Send the medication to school in the original container with the current prescription label attached. Upon request, your pharmacist may label two containers, one for home and one for school. ***All elementary medications and all controlled medications, regardless of students grade, are to be brought to school by an adult, and the adult is to hand school personnel.***

_____ School Nurse _____ School _____ Phone

Please sign your authorization for school personnel to administer the medication. Thank you.

I hereby authorize school personnel to administer the medication listed below to my child,

_____ during school hours.
Child's Name

_____ Parent/Guardian Signature _____ Date

FOR SECONDARY STUDENTS ONLY (GRADES 7-12) —

I give permission for my child, _____, to bring his/her medication(s) home at the end of the school year.
Child's Name

_____ Parent/Guardian Signature _____ Date

ORDERS FOR GIVING MEDICATION IN SCHOOL

Name of student: _____ Date of Birth: ____/____/____

Diagnosis: _____

Name of medication: _____

Dose: _____

Time and circumstance of administration at school: _____

Can a reaction be expected? _____ If so, please describe _____

_____

_____ Health Care Provider Signature _____ Phone Number _____ Date of Order

ESCUELAS PÚBLICAS DE OMAHA
SERVICIOS DE SALUD
PERMISO PARA EL MEDICAMENTO

Estimado Padre/Tutor:

Solo debe mandar a la escuela aquellos medicamentosque sean médicamente necesarios para el estudiante durante las horas de escuela. Las Escuelas Públicas de Omaha requiere una nota por escrito del doctor/dentista/APRN/PA y la autorización del padre (Esto incluye medicina que se vende sin receta médica incluyendo tylenol, pastillas para la tos, jarabe para la tos, etc.) **La primera dosis de un medicamento para una condición o enfermedad presente no se dará en la escuela sin la autoorización específica del individuo que la prescribe.**

Envíe el medicamento a la escuela en el envase original con la etiqueta de la prescripción actual. Sí lo desea, su farmacéutico puede etiquetar dos envases, uno para la casa y otro para la escuela.Todos los medicamentos primarios. ***Y todos los medicamentos controlados, sin importar de; grado, deben ser entregados directamente al personal escolar por un adulto.***

_____ Enfermera Escolar _____ Escuela _____ Teléfono

Por favor firme su autorización para que el personal escolar administre el medicamento. Gracias.

Yo autorizo al personal escolar para administrar el medicamento nombrado abajo a mi hijo,

_____ durante las horas de clases.
Nombre del niño

_____ Firma del Padre/Tutor _____ Fecha

PARA ESTUDIANTES DE SECUNDARIA SOLAMENTE (GRADOS 7-12) —

Doy mi permiso para que mi hijo, _____, traiga su(s) medicina(s) a casa al final del año escolar.

_____ Firma del Padre/Tutor _____ Fecha

ORDERS FOR GIVING MEDICATION IN SCHOOL

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Diagnosis: _____

Name of medication: _____

Dose: _____

Time and circumstance of administration at school: _____

Can a reaction be expected? _____ If so, please describe _____

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_____ Health Care Provider Signature _____ Phone Number _____ Date of Order