



**KalisPELL Public Schools Policy on Medications at School**

In certain acute or chronic health conditions it may be necessary for a child to take prescription or over-the-counter medication during the school day. In order for this medication to be administered at school, the School Nurse must be contacted and the procedure below must be followed:

1. There must be a written Physicians Order which includes the diagnosis, name of medication, dosage, times to be given and possible side effects. A Physicians Order form may be obtained from the school office. If the medication is on-going, this order must be renewed by the physician at the beginning of the year.
2. The parent or guardian must sign the consent for the medication to be given.
3. The medication must be supplied by the parent or guardian in a properly labeled pill bottle including the student name and dosage (no baggies please).
4. The medication may only be dispensed by the School Nurse or her designee.

***KalisPELL Public Schools***

***Physician's Request for Administration of Prescription Medication***

STUDENT NAME: \_\_\_\_\_ DOB \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

TIME \_\_\_\_\_ FREQUENCY OF USE \_\_\_\_\_ METHOD OF ADMINISTRATION \_\_\_\_\_

CONDITION FOR WHICH MEDICATION IS PRESCRIBED \_\_\_\_\_

**PHYSICIAN INFORMATION RELATED TO THIS REQUEST:**

PHYSICIAN'S NAME (PLEASE PRINT): \_\_\_\_\_

SIGNATURE OF PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX \_\_\_\_\_

**I HEREBY GRANT PERMISSION FOR THE SCHOOL NURSE TO ADMINISTER MEDICATION TO MY CHILD ACCORDING TO THE PHYSICIAN REQUEST.**

PARENT/GUARDIAN NAME (PLEASE PRINT): \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Edgerton Elementary  
406-751-4040  
Fax: 406-751-4045

Hedges Elementary  
406-751-4090  
Fax: 406-751-4095

Russell Elementary  
406-751-3900  
Fax: 406-751-3905

Flathead High School  
406-751-3500  
Fax: 406-751-3605

Elrod Elementary  
406-751-3700  
Fax 406-751-3705

Peterson Elementary  
406-751-3737  
Fax: 406-751-3740

KalisPELL Middle School  
406-751-3800  
Fax: 406-751-3805

Glacier High School  
406-758-8600  
Fax: 406-758-8602