

Johnson County Central Public Schools



358 N 6th Street
PO Box 338
Tecumseh, NE 68450

Dr. Galen Boldt, Superintendent
402-335-3320

“HOME OF THE THUNDERBIRDS”

Rick Lester, High School Principal
402-335-3328

Rich Bacon, Middle School Principal
402-864-4181

407 N 1st Street
PO Box 255
Cook, NE 68329

Jon Rother, Principal
402-335-3320

Dear Parent/Guardian,

It is the policy of the Johnson County Central Schools that all students' medication be administered by a parent at home. If under exceptional circumstances a student is required to take medication during school hours only the school's nurses, or the medication aides, or Administration will administer the medication in compliance with the regulations that follow:

1. Under no circumstances will a prescription medication be administered that is not brought to school in the prescription container, properly labeled, including the student's name, and directions for administering.
2. The school district retains that discretion to reject requests for administration of medication and/or medical attention.
3. We suggest you consult your licensed medical physician on the timing of medication. Some prescriptions can be so written to eliminate the need for giving medication during school hours. Please do not request medications to be given before or after school hours as staff is not available.
4. Over the counter medications (i.e. Tylenol, Ibuprofen, Children's Tylenol, etc.) will not administered without written and telephone consent with a parent.
5. Over the counter medications, supplied by the parent and **in the original container**, can be brought to the school and dispensed by the nurse and medication aides with a written consent from the parent.
6. All medications not picked up will be properly disposed of at the end of the year or when the student is no longer enrolled in the district.
7. All medications administered at school must be stored in a locked container and/or refrigerator.
8. Please only send a 1 month supply of prescription medication to school to facilitate storage and administration.
9. All nutritional and dietary supplements will be administered by the above guidelines if ordered by a licensed physician for that student. You are encouraged to give any other supplements at home. If any other supplements are brought to school, they will be housed in the health office for safety reasons however, the parents and student are responsible for the administration.

I give permission to the Johnson County Central Schools to administer medication as directed by our healthcare provider:

1. Student's Name _____
2. Name of Medication _____
3. Reason for Taking _____
4. Time(s) and Amount to be Given _____

Parent/Guardian Signature

Date