

Medication Policy 2008-2009
Tina Johnson-Zimney RN
zimneyt@hintonschool.com
712-947-4328 my hours are 8:30-3:30

By signing below you are giving permission for the health office to administer Tylenol/Acetaminophen or Ibuprofen under the discretion of the nursing staff. Medication may be given for headaches, cramps, minor muscle aches, and pain from braces, etc. You are also giving permission for the use of topical antibiotic ointment, cough drops, Tums, contact solution, hydrocortisone cream, and Benadryl under the discretion of the nursing staff. When a student requests these medications he/she will be asked a few questions regarding their complaint. Hinton Community School nursing staff has the right to deny these medications.

All prescriptions brought to school must be in the original container appropriately labeled by the pharmacist or physician. The pharmacy will give you a second bottle if you need one for home or school. All over the counter medicine must come in its original container. Please send a note with it stating what time it was last given and what time you would like it given. Please sign the note. The school supplies a secure locked storage cabinet for all medication. Medication needs will be given by the school RN or staff member who has successfully completed an administration of medication course.

A medication authorization form needs to be signed by a physician and the parent or guardian for any prescription or over the counter medication given longer than 2 weeks. Students with asthma also require the medication authorization form to be completed, including students who are self administering asthma medications.

Student's
Name _____ grade _____
Name _____ grade _____
Name _____ grade _____
Name _____ grade _____

Parent/guardian signature _____ date _____

What is the best contact number to reach you at if I have to call you regarding an ill child? _____

Please call or email me if you have information to share with me regarding your child's health.