

Medication Policy 2011-2012  
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712-947-4328 my hours are 8:30-3:30

## DK-3<sup>rd</sup> grade form

By signing below you are giving permission for the health office to administer Tylenol/Acetaminophen or Ibuprofen under the discretion of the nursing staff. The nurse will give these only if the assessment warrants it. Hinton Community School nursing staff has the right to DENY these medications.

All prescriptions brought to school must be in a container appropriately labeled by the pharmacist or physician. All over the counter medicine must come in its original

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. Please indicate below if you child has asthma.

Student's name

Name \_\_\_\_\_ grade \_\_\_\_\_ Asthma Y or N

Name \_\_\_\_\_ grade \_\_\_\_\_ Asthma Y or N

Name \_\_\_\_\_ grade \_\_\_\_\_ Asthma Y or N

Name \_\_\_\_\_ grade \_\_\_\_\_ Asthma Y or N

Parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_

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

\_\_\_\_\_

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