



# Halfway R-III School District

"Home of the Cardinals"

2150 Highway 32  
Half Way, Missouri 65663  
Phone 417-445-2200  
www.halfwayschools.org



**Lance W. Roweton**  
Superintendent

**Erin Butler**  
PK-12 Principal

## PARENTAL CONSENT FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL AS PRESCRIBED BY PHYSICIAN

2021-2022 School Year

Name of student: \_\_\_\_\_

Grade: \_\_\_\_\_

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Time (or as needed): \_\_\_\_\_

- if as needed/PRN, parent/guardian will be contacted to verify last dose given prior to administering
- exception - inhaler use prior to physical activity (i.e. PE, recess) or inhaler use in emergency

Route (oral, topical, etc): \_\_\_\_\_

Reason: \_\_\_\_\_

- **I give the nurse or trained school personnel permission to administer the medication listed above.**
- **I understand that I am responsible for delivering the medication in the *original* prescription bottle or original packaging from the pharmacy. Any outdated or expired medication will either need to be picked up or will be disposed of.**
- **I understand the remaining medication must be picked up at the end of the school year (or the end of summer school if attending.) If the medication is not picked up, the medication will be disposed of per student handbook.**

Parent/Guardian name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Best number to reach me: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ phone: \_\_\_\_\_

Elementary Office (Gr. PK-6)  
Amy Bruce, Secretary  
Phone 417-445-2215, Ext. 1  
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Superintendent's Office  
Kim Brannon, Bookkeeper  
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High School Office (Gr. 7-12)  
Barbara Covert, Secretary  
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