



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 OVER-THE-COUNTER MEDICATION AT SCHOOL
AS APPROVED 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

Route (oral, topical, et): _____

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 Any outdated or expired medication will either need to be picked up or will be disposed of.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: _____

Parent/Guardian signature: _____ Date: _____

Best number to reach me: _____

Provider's Name: _____

Provider's Signature: _____ Date: _____

Provider's Phone: _____

Provider's Fax: _____

Provider's Address: _____

Elementary Office (Gr. PK-6)
Amy Bruce, Secretary
Phone 417-445-2215, Ext. 1
Fax 417-445-6714

Superintendent's Office
Kim Brannon, Bookkeeper
Phone 417-445-2351, Ext. 4
Fax 417-445-2026

High School Office (Gr. 7-12)
Barbara Covert, Secretary
Phone 417-445-2211, Ext. 5
Fax 417-445-3330