



Lansing Elementary School
450 West Mary Street
Lansing, KS 66043
913-727-1128
FAX 913-273-0051

Lansing Intermediate School
509 Ida Street
Lansing, KS 66043
913-297-0990
FAX 913-273-0034

Lansing Middle School
220 Lion Lane Lansing,
KS 66043
913-727-1197
FAX 913-828-4507

Lansing High School
1412 147th Street
Lansing, KS 66043
913-727-3357
FAX 913-273-6708

District Nurse/ Early Childhood
210 E. Mary Street Lansing,
KS 66043
913-297-0891
FAX 913-273-1636

CONSENT TO ADMINISTER PRESCRIPTION MEDICATIONS

(One form needed for each prescription)

Student's Name: _____

Student' DOB: _____ Grade _____

All Lansing students must have a completed Consent to Administer Prescription Medication on file if there is a time during the school year that prescription medication is to be taken during the school day.

This form must have a physician's order and parent/ guardian signature before the prescription medication can be administered at school. All medication is to be given to the nurse in the original pharmacy container with the student and physician's name, correct medication, and dosage.

All medications will be maintained in the nurse's office and administered according to label instructions at the discretion of the school nurse.

I prescribe and authorize administering of this medication request to the above-named student.

Medication: _____

Dosage: _____

Reason for Rx: _____

Duration of orders: _____

Time of day to administer: _____

Physician's Signature: _____

Type or Print Name of Physician: _____

Parent / Guardian Signature: _____

Date: _____