

PENNCREST SCHOOL DISTRICT
MEDICATION INFORMATION
FOR REQUEST OF ADMINISTRATION DURING SCHOOL HOURS

Medication use during school hours is strongly discouraged due to the numerous problems it creates. It is suggested that every attempt be made to schedule any medications around school hours. You may wish to consult your physician regarding alternatives, which would allow medication to be given at home only. If, however, medication use is found to be absolutely necessary during school hours, **School District policy** requires that the following procedures be followed:

- A **written doctor's order** must be obtained for any medication, including over-the counter medications.
- **Parental permission** must be provided in writing.
- The medication must be sent in **original pharmacy containers**. For your convenience, it is suggested that a second prescription bottle be obtained from your pharmacist for this purpose.
- **Parents are required to deliver any medication to school personnel.** Medication brought by parents will be permitted in dosages not to exceed a thirty (30) day supply.
- **If medication is not provided to the school as ordered by the physician, parents are responsible to notify the nurse as to the reason.**
- Medication will at no time be sent home with a student. Unused medication may be picked up by the parent/guardian no later than the last day of school with any unclaimed medication disposed of on the last day of school.

The bottom portion of this form may be used to provide this information and is valid for this school year only. If additional forms are needed, they may be obtained from the school nurse, office, or through the District website at www.penncrest.org. To provide a convenient means of obtaining this information, you may wish to **sign the bottom of this form indicating permission before sending it to your doctor** and requesting that it be faxed to your child's school at the appropriate number below:

<u>FAX NUMBERS</u>	<u>Camb. Spgs.</u>	<u>Saegertown</u>	<u>Maplewood</u>
Elementary:	398-4593	763-5125	337-1672
High School:	398-8343	763-6702	337-1755

When this information is completed, your child will be advised to report to the Nurse's office at the appropriate time for him/her to take the ordered medication. When the Nurse is unavailable, persons designated by the school administration will supervise the administration of this medication.

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

To be completed by physician:

Physician _____ Date _____
 Address _____ Phone No. _____
 _____ Student's Grade _____

Student's Name _____ Diagnosis _____

This student is under my medical care and it will be necessary for him/her to receive the following prescribed medication, under direction of designated school personnel:

Name of medication _____ Dosage _____
 Time to be given _____ Route _____ Duration of time for medication _____

Special instructions/precautions _____
 (MEDICATION IS TO BE IN AN ORIGINAL PRESCRIPTION BOTTLE WITH ABOVE INFORMATION ON LABEL)

FOR INHALERS / EPIPENS ONLY: This student has been trained in its appropriate use and is capable of self-administration and storage? Yes or No

Physician's signature: _____

To be completed by parent:

I give my consent for the medication prescribed above to be administered to my child at school and release the school and its personnel from any liability associated with the administration of this medication.

FOR INHALERS / EPIPENS ONLY: I feel that my child is capable of responsibly self-administering and storing this medication and request permission that he/she be granted this privilege. My child is aware that this medication is for his/her use only and may not be shared with other students. Yes or No

Parent's Guardian's signature: _____

For school use only

Date received: _____ Date sent for: PO _____ PP _____