

# Request for Medication Administration in School



This form must be completed by a licensed prescriber.

Only prescribed medication can legally be administered by licensed medical personnel.

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
 Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
 Time of Administration \_\_\_\_\_  
 Length of Administration: Start \_\_\_\_\_ Stop \_\_\_\_\_  
 Reason for Medication \_\_\_\_\_  
 Administration Instructions \_\_\_\_\_  
 Side Effects \_\_\_\_\_

### Field Trips

Please check the following option when a parent/guardian or parent/guardian designee (non-staff) is unable to attend a field trip:

- Yes, the prescribed dose can be withheld on the day of the field trip.
- Yes, the time can be adjusted with the parent/guardian to be administered upon return to school.
- No, this medication must be given to the child at the prescribed time.  
Please provide an explanation \_\_\_\_\_
- For students with injectable epinephrine orders, the antihistamine as listed above must be to be sent on the trip. Only applicable to students in grades K-5.

### Competency for Self-Administration

I, \_\_\_\_\_, certify that this student has a potentially life-threatening illness and requires an inhaler or auto-injecting epinephrine, and is competent and has been instructed in the proper method of self-administration of said medication. The student may, therefore, carry and self-administer his/her inhaler and/or auto-injecting epinephrine.

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by Parent/Guardian

I give permission for my child to receive the above-noted medication at school according to School Board Policy 210. I also give permission for the Certified School Nurse to contact the Licensed Prescriber, as necessary, regarding the medication.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### In case of a two-hour delay

Yes, administer my child's medication as prescribed     No, I will contact the School Nurse

Northgate School District  
**Request for Medication Administration in School**

I accordance with Pennsylvania State Law, hereby agree to allow my child to carry his/her asthma inhaler medication and auto injecting epinephrine. I acknowledge that the Northgate School District and its staff bear no responsibility for the benefits or consequences of the medication and that the school bears no responsibility for ensuring that the medication is taken. The Northgate School District reserves the right to withdraw permission at any time if the student is unable to demonstrate responsible behavior in carrying and/or taking this medication.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to be solely responsible for my Inhalers and /or Auto Injecting Epinephrine and to follow the directions for its use as ordered by my Licensed Prescriber and the District's medication policy. I am aware that any abuse of this privilege will result in confiscation of the medication and loss of privilege to carry and self-administer said medication. The student shall notify the School Nurse immediately following each use of an asthma inhaler and epinephrine auto-injector.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Northgate Health Office Use Only**

For students in Grades 6-12 when a written statement of competency is not provided by the Licensed Prescriber: The student must meet all four criteria to carry and self-administer Inhalers and/or Auto-Injecting Epinephrine:

1. Respond and visually recognize his/her name.
2. Identify his/her medication
3. Demonstrate proper technique for self-administering his/her medication
4. Verbalize symptoms when medication should be used.

This student has demonstrated the ability to self-administer the said medication as indicated above.

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Medication	Date	Prescriber Note	Parent Note	Count	Exp. Date	Nurse's Signature