

**KARNS CITY AREA SCHOOL DISTRICT
 AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS
 STANDING ORDER/OVER THE COUNTER - PARENT CONSENT FORM**

Chicora Elementary
 205 Kittanning St Chicora PA 16025
 Ph 724-445-3680 Fax 724-445-2776

Sugarcreek Elementary
 1290 State Rt. 268 Cowansville PA 16218
 Ph 724-545-2407 Fax 724-543-5853

Karns City Jr / Sr High
 1446 Kittanning Pike Karns City PA 16041
 Ph 724-756-2030 Fax 724-756-1060

_____, _____ / _____, may receive the following over the
 (Student's Full Name) (Grade) (Room)
 counter medication (via School Physician Standing Orders) during school hours in order to maintain sufficient health to participate in the school program. Any medication not on the list below must have a written physicians order for the school nurse to administer during school hours.

***Initial beside each medication your child is permitted to take during school hours:**

Medication	Dose	Time Schedule	Reason	***Initial*** MUST initial in order for med to be given
Acetaminophen/ Tylenol (Children's)	Per manufacturers recommendation	Every 4-6 hours as needed	Fever/pain/headache	
Acetaminophen/Tylenol (Adult)	Per manufacturers recommendation	Every 4-6 hours as needed	Fever/pain/headache	
Ibuprofen/Motrin/Advil (Children's)	Per manufacturers recommendation	Every 4-6 hours as needed	Fever/pain/headache	
Ibuprofen/Motrin/Advil (Adult)	Per manufacturers recommendation	Every 6-8 hours as needed	Fever/pain/headache	
Tums/Antacid	Per manufacturers recommendation	1-2 tabs as needed	Upset stomach/ heartburn/indigestion	
Benadryl (Children's)	Per manufacturers recommendation	Every 6 hours as needed	Allergy	
Benadryl (Adult)	Per manufacturers recommendation	Every 6 hours as needed	Allergy	

In accordance with school policy, medication(s) should be given at home before and/or after school. Any medication administered via standing orders from the school physician, the parent will be notified to give consent and a permission form must be signed by the parent. The school child's licensed prescriber does not need to give a medication order in addition for a standing order from the school physician. (To view the District's "Standing Orders for the School Nurse" please refer to district website or you can ask the school health office for a copy.)

I do hereby release, discharge, and hold harmless the Karns City Area School District, its agents and employees from any and all liability and claim whatsoever for the administration of the above medication to my child/ward should there develop an allergic or other reaction from the medication.

Please choose one option concerning students own medication that was brought to school:

_____ I, the parent or my designee, will pick up the medication at the Nurse's Office before the end of the last day of school.

_____ You may discard the medication.

Any medication that is not picked up by the end of the last day of school will automatically be discarded.

Parent/Guardian signature: _____

Date: _____

Parent/Guardian name printed: _____

Phone: _____