

**Medication Administration Consent and
Licensed Prescriber Order
Karns City Area School District**

Chicora Elementary
205 Kittanning Street
Chicora, PA 16025
Phone: 724-445-3680
Fax: 724-445-2776

Sugarcreek Elementary
1290 State Route 268
Cowansville, PA 16218
Phone: 724-545-2407
Fax: 724-543-5853

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

Student Name: _____ Date/Time: _____

School: _____ Teacher/Grade: _____

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, each student must provide the school nurse with a completed **Medication Administration Consent and Licensed Prescriber Order Form** signed by the student's parent/guardian and completed by the licensed prescriber. All medications must be in an original prescription bottle/container from a pharmacy, and must be delivered to the nurse's office by the parent/guardian. Students are not permitted to carry medications on their person at any time, including the bus to/from school, unless an order has been completed by a physician for emergency medications. Examples of emergency medications would be an inhaler or epi-pen (see attachment).

Parent/Guardian Consent:

I give permission for my child, _____, to receive the following medication by a licensed prescriber during the school day. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed: _____ Phone: _____

Licensed Prescriber Medication Order:

Patient's name: _____ Date: _____

Name of medication: _____

Route and dosage: _____

Time of administration: _____ Discontinuation date: _____

Special directions: _____

Allergies: _____

Prescriber signature: _____ Date: _____

Prescriber name printed: _____

Address: _____

Phone: _____ Fax: _____

