

SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT

2579 INTERSTATE DRIVE

HARRISBURG, PENNSYLVANIA 17110

Medication Administration Consent and Prescriber Order Form

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 *Medication Administration Consent* form signed by the student's parent/guardian and a *Prescriber Order* from a licensed prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

Parent/Guardian Consent:

I give my permission for my child, _____, to receive the following medication ordered 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: _____

Directions: _____

Discontinuation date: _____

Does PRN medication need to be made available to student during field trips? Yes ___ No ___

This *emergency medication* may be self-carried/self-administered AND proper instruction has been provided to this student? Yes ___ No ___

Allergies: _____

Licensed Prescriber signature: _____

Licensed Prescriber name printed: _____ Phone: _____

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Medication Administration Information

- We take student safety very seriously and therefore strictly follow and enforce our medication policy. We appreciate your cooperation and understanding.
- A *Medication Administration Consent and Prescriber Order Form* should be filled out and signed by the physician or prescribing practitioner AND signed by the parent or guardian.
- While the *Medication Administration Consent and Prescriber Order Form* is the PREFERRED form, a physician's note is acceptable, but MUST INCLUDE:
 - Student's name
 - Date written
 - Name of medication
 - Dose and time to administer while at school
 - Any additional instructions
- If a physician's note is submitted, the parent must still sign the parent permission portion of the *Medication Administration Consent and Prescriber Order Form*.
- The *Medication Administration Consent and Prescriber Order Form* or prescriber's order is required for all medications, including over the counter medications.
- Prescription medication must come to school in the original pharmacy bottle with the original pharmacy label and that label must match the physicians order.
- Over the counter medication must come in a new, unopened bottle and the name of the medication on the physician's order and the name of the medication on the bottle must match.
- We ask that parents/guardians bring in medication to school. Medications WILL NOT be sent home with students.
- Students may not carry medications for self-administration at school except in the case of emergency medications AND a note from the prescribing health care provider is presented to the school nurse that explicitly states "student may self-carry and self-administer".
- The medication policy, in its entirety, can be found on the district website. If you have any questions please call the school nurse's office.

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