

**Medication Administration Consent & Licensed Prescriber Order
River Valley School District**

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 *Medication 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: _____

Allergies: _____

Licensed Prescriber signature: _____

Licensed Prescriber name printed: _____ Phone: _____

**River Valley School District
102 School Lane
Blairsville, PA 15717
724-459-5500**

Dear Parents/Guardians:

In response to the Pennsylvania Department of Health's new guidelines for the administration of medications in schools, the River Valley School District has revised the medication administration policy. The following guidelines will meet the needs of the students and provide a safe school environment.

1. Parents/Guardians should give all medications at home whenever possible. When a medication must be given at school, it must be brought to school by a parent/guardian and given to the school nurse. The only exceptions to this rule are students who must carry emergency medications such as inhalers for asthma and epi-pens for severe allergic reactions.
2. Parents/Guardians of any student, who is to receive a **prescription** medication at school, including emergency medications, must complete a Medication Administration Consent form and provide a written order from a physician. Prescription medications must be in the original pharmacy labeled container.
3. Parents/Guardians of any student who is to receive a **non-prescription** medication at school must complete a Medication Administration Consent form. Non -prescription medications must be in the original package in which it was purchased.
4. Self-administration of **emergency** medications such as asthma inhalers and epi-pens must be evaluated on an individual basis by the school nurse. The medication must be accompanied by a written request by the parent/guardian and a written order from a physician stating the student is qualified and able to self-administer. Individual students must be evaluated by the school nurse as to their self-administration competency through demonstration of administration skills and responsible behavior. Students are required to notify the school nurse immediately following each self-administration episode.
5. Medication orders must be renewed annually.

The Medication Administration Consent form is attached and must accompany all medications to be given at school. It is also available on the district website. If you have any questions or concerns, please contact your child's school nurse. Thank you for your cooperation in this effort.