



Kutztown Area School District

Authorization for Medication During School Hours

- Greenwich Elementary**
 Kutztown Elementary
 Kutztown Area Middle School
 Kutztown Area High School
 PHONE: 610.756.6948 EX.2
 PHONE: 610.683.3557 EX.2
 PHONE: 610.683.3575 EX.2
 PHONE: 610.683.7346 EX.2
 FAX: 610.683.6858
 FAX: 610.683.3558
 FAX: 610.683.7386
 FAX: 610.683.6796

All medications (prescription and nonprescription including herbal supplements) must be stored and administered by the school nurse or licensed staff nurse.

As per school district policy, all medication must be brought to school by a parent or their adult designee. Medication must be brought to school in the original medication bottle listing: the name of the student, name of the medication, dosage, frequency of administration and the physician's name.

Pennsylvania State law requires a written prescriber's (PRESCRIBER is a physician [M.D. or D.O.], PA-Physician Assistant, and CRNP-Nurse Practitioner) order stating the child's name, medication to be administered, dose, frequency and route of administration which must accompany the medication. A parent/guardian's signature is also required giving the school permission to administer medication to their child. **School Delays and/or Early Dismissals:** In case of a delay or early dismissal, medications scheduled to be given during those times will not be given.

PERSONAL INFORMATION:

Student Name:	DOB:	GRADE & HOMEROOM:
Physician Name (please print):	Physician Phone Number:	

Diagnosis: _____

The following prescribed medication is required during school hours in order to maintain sufficient health to participate in the school program.

Medication: _____ **Prescribed Dosage:** _____

Frequency: _____ **Expected Duration:** _____

Side Effects: _____

SECONDARY STUDENTS ONLY: The student may self-carry his/her emergency medication, has demonstrated that he/she can properly self-administer, and accepts responsibility for the administration of his/her emergency medication.

Physician Initials: _____

Signature of Physician

Date

Signature of Parent/Guardian

Date

This student has demonstrated proper self-administration of the above medication. The school nurse will permit and assist the student to be responsible, but reserves the right to withdraw the privilege if the student shows signs of irresponsible behavior, there is a safety risk, or school policies are abused or ignored.

Signature of Certified School Nurse

Date