



## Administration of Prescription and/or Non-Prescription Medication

(Note: This is for non-prescription medication not covered under the UASD Medical Standing Orders)

Although the school district strongly recommends that medication be given to students in the home, it is realized that the health of some children requires that they receive medication while in school. In order for your student to receive medication at school, you must complete this form and return it to the school nurse for approval.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_ School Year: \_\_\_\_\_

**This section to be completed by a Physician, Certified Registered Nurse Practitioner, or a Physician's Assistant.**

### Medication Information

Name of Medication(s): \_\_\_\_\_

Dosage of Medication(s): \_\_\_\_\_ Frequency: \_\_\_\_\_

Diagnosis (Reason for administering medication): \_\_\_\_\_

Other medication(s) currently being taken: \_\_\_\_\_

Medical Provider's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Provider's Signature: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**This section is REQUIRED in order for the student to carry and self-administer an inhaler or EpiPen, as needed.**

I request this student be allowed to carry and self-administer their Asthma Inhaler / EpiPen (circle all that apply). \_\_\_\_ Yes \_\_\_\_ No

As the health care provider for this student, I verify that they have been taught proper use of their inhaler/EpiPen, has adequate knowledge of asthma/anaphylaxis and how to control it, and is thought to be responsible enough to carry their inhaler/EpiPen and use it properly without supervision.

Medical Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### This section is to be completed by the Parent(s)/Guardian(s)

I give permission to the school nurse or others supervised by the school nurse to administer medication to the above-named student in accordance with the medical provider's instructions, and communicate with the above-named physician in regard to this medication/treatment. I understand that every effort will be made by school staff to administer the medication in a timely manner. I understand that this medication must be furnished to the school in accordance with district policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Inhaler and/or EpiPen ONLY:** I give permission for my child to carry and self-administer their prescribed asthma inhaler / EpiPen (circle all that apply). \_\_\_\_ Yes \_\_\_\_ No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### This section is to be completed by the Student

I agree to be solely responsible for my asthma inhaler and/or EpiPen (whichever is applicable) and to follow the directions for its use as ordered by my Physician, Certified Registered Nurse Practitioner, or a Physician's Assistant as well as the district's medication policy. I am aware that any abuse of this privilege will result in the confiscation of my inhaler and/or EpiPen.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication(s) cannot be given by school personnel if we do not have both sides of this form completed.**

**Parent(s) or Guardian(s) Release and Waiver Regarding  
Administration by School District  
of Medication and Medical Treatment to Student**

We (I), \_\_\_\_\_ and \_\_\_\_\_,

the parent(s) or guardian(s) of \_\_\_\_\_,

a student attending the Upper Adams School District, Biglerville, Pennsylvania, hereby request that the school district administer to the student the medication and/or medical procedures, injections, treatments, or course of care listed in the attached medical prescription or plan of treatment signed by the student's physician.

In making this request, we (I) acknowledge that the school district is under no obligation to grant the request and, having granted the request, may in the future decide to no longer comply with the request following notice to us (me) of this decision.

In consideration of the school district granting this request, we (I), for ourselves (myself), the student, all of our and their personal representatives and assigns, do hereby expressly waive, release, discharge and exonerate, and we (I) further agree to hold and save harmless and indemnify the school district, its employees, officers, administrators, directors, teachers, agents, employees, servants and volunteers, from and against any and all claims, demands actions and causes of action of any sort, whether civil or in equity, including third party or additional defendant liability, for any loss whatsoever which we (I) or the student may sustain, or for any injury or illness or aggravation of any medical condition whatsoever that the student may suffer or sustain as a result of the administration, or failure to administer to the student the medications and/or medical procedures, injections, treatments or course of care requested.

We (I) have read and understand this release and waiver.

Intending to be legally bound hereby, we (I) have signed and executed this Release and Waiver on this \_\_\_\_\_, (day)  
day of \_\_\_\_\_, \_\_\_\_\_.  
(month) (year)

Parent/Guardian Signature: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_