STATE COLLEGE AREA SCHOOL DISTRICT
STUDENT SERVICES HEALTH SERVICES
PARENTAL REQUEST AND PHYSICIAN'S ORDER
FOR STUDENT SELF MEDICATION DURING SCHOOL HOURS

If possible, medication should be taken at home. The administration of prescribed medication to a student during school hours will be permitted only when **failure to take such medication would jeopardize the health of the student and/or the student would not be able to attend school if the medicine were not made available during school hours.**
This form is to be completed to implement self-medication for students in grades K – 12 who need an inhaler, diabetic supplies, or an EPI-PEN for an allergic emergency.

To self medicate, a student must demonstrate that they are capable and will be responsible.

If a student shares for free or for payment any of his/her medication it will be dealt with as a violation of the State College Area School District Drug and Alcohol Policy. The student will receive appropriate consequences and no longer be permitted to self medicate.

****

TO BE COMPLETED BY PARENT/GUARDIAN:

Student's Name_____ Birth date_____ School_____ Grade _____

I hereby authorize the State College Area School District to permit my student (name above) to self medicate, as indicated in the physician's order below and as indicated in my authorization below.

My student is permitted to take _____ at her/his discretion at school.
Name of Medication

I hereby release State College Area School District and all of its employees of and from any and all liability in law for damages either I or my student may suffer as a result of this authorization. I give my permission for the school nurse to exchange information with my student's physician regarding this medication.

_____ _____ _____ _____
Parent/Guardian Signature | Home Phone | Work Phone | Date

****

TO BE COMPLETED BY PHYSICIAN:

Notice: The school district urges physicians to schedule medication, whenever possible, so that it can be taken at home under the supervision of the parents/guardians. The school district will permit self medication during school hours only when failure to take such medication would jeopardize the health of the student or if the student would not be able to attend school without taking the medication. Physicians are reminded "self medication" means the student will take medication at his/her own discretion without intervention of the certified school nurse or licensed healthcare provider.

IT IS NECESSARY THAT (Student's name)_____RECEIVE THE FOLLOWING MEDICATION AT THE TIMES STATED BELOW.

_____ _____ _____
Name of Medication | Dosage | Times to be taken

Route of Administration_____

Student may self administer: [ ] Yes [ ] No Other Specific Directions_____

Purpose of Medication and/or Diagnosis _____

Side Effects to Watch For_____

Duration of Order_____

_____ _____ _____ _____
Physician (Please Print) | Physician's Signature | Telephone Number | Date

☐ Student has demonstrated proper self-administration of this medication.