

**East Stroudsburg Area School District
Prescribing Health Care Provider Authorization for
School Medication Administration**

The East Stroudsburg Area School District, in compliance with the Pennsylvania Department of Health and Pennsylvania Department of Education, has established the following medication policy:

- Medications, including over the counter medications, will ONLY be administered during school hours with written authorization from the prescribing healthcare provider and written permission from the parent/guardian.
- All medications must be in the original, unopened container with current orders for the student secured to the container.
- All medications must be brought to the nurse's office for storage by a parent/guardian.
- The student is responsible to report to the nurse at the appropriate time for his/her medication to be given.
- Medication must be administered by the Certified School Nurse or other licensed school nurse staff (RN/LPN) with the exception of asthma inhalers /Epinephrine auto injectors with self-carry/administration authorization.
- Students who choose to carry and self-administer asthma inhaler/Epinephrine auto injector in the school setting must have a signed healthcare provider's order specifying that the student is responsible and capable of self-administration and has permission to carry and self-administer the medication.
- For students who carry their own inhaler/Epinephrine auto injector, it is preferred that they have a second inhaler/Epinephrine auto injector in the nurse's office.
- Students who have medication of any kind on their person/belongings without the appropriate current self-carry/medication administration authorization form are in violation of the school district drug and alcohol policy and may be subject to disciplinary action.
- Medication to be administered by the parent/designated person on a field trip will be supplied by the parent.

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Prescribing Health Care Provider Authorization for
School Medication Administration**

The ESASD, in compliance with the PA Department of Health, has established these rules for medication administration:

- No medication, including all over the counter medications, will be administered during school hours or school-sponsored activities, without written authorization from a physician and written permission from the parent/guardian.
- Medication must be in the original, unopened, labeled container with pharmacist instructions matching the current order secured to the container with the student's name. Medication must be brought to school by parent/guardian
- **Athletic trainers cannot store, carry, or dispense any prescribed or over the counter medications**
- Unused medication must be picked up by parent/guardian at the end of the school year or it will be discarded

Health Care Provider: *Please complete the following Medication order form including signature and initials where indicated.*

Student: _____ **DOB** _____ **Grade/HR** _____
Diagnosis _____
Medication _____
Dosage _____
Time or indications for administration _____
Duration of medication administration order _____
Possible Side effects/conditions of medication _____

Health Care Provider: *Please initial regarding Self-administration of Inhaler/Epinephrine*

_____ This student **DEMONSTRATES** the capability to carry and self-administer the inhaler/Epinephrine auto injector as ordered above during school hours and school-sponsored activities.

An extra properly labeled inhaler/Epinephrine should also be provided for the nurse's office

Health Care Provider: *Please initial regarding medication administration plan for Field Trips*

_____ Medication will be administered before/after field trip during regular school hours.

_____ Medication will be administered by a parent/designated guardian accompanying student on the trip.

Parent/guardian will provide a properly labeled, original medication container from the pharmacy that includes only the amount of medication needed for the trip

_____ If ordered, Emergency Medications (Inhaler, Epinephrine) will be self-administered by student under direct supervision of the district staff person.

_____ Medication may be omitted on day of field trip per health care provider's order

HEALTH CARE PROVIDER SIGNATURE: _____ **Date** _____

Contact Information: _____

Parent/Guardian: *I authorize the East Stroudsburg Area School District to administer the above medication as prescribed by the health care provider. I do hereby release, discharge, and hold harmless the East Stroudsburg Area School District agents and employees from all liability and claim whatsoever for the administration/self administration of the above medication to my child should they develop an adverse reaction from the medication.*

PARENT SIGNATURE: _____ **Date** _____

Student: *I have been instructed in the proper use of my prescribed Inhaler/Epinephrine and understand how and when to use it according to the above instructions. I will not share this medication under any circumstances and understand that should another person use my medication, or if I misuse the medication, the privilege of carrying my medication with me will be revoked. I agree to report lost or missing medication immediately. I agree to report to the school nurse, teacher, coach, or athletic trainer if I use my medication.*

STUDENT SIGNATURE (for inhaler/epinephrine self-carry orders): _____ **Date** _____