

# WEST SHORE SCHOOL DISTRICT



Dear Parent/Guardian:

When it is necessary for your child to receive medication during school hours, the following procedure is required:

1. A written physician's order and parent/guardian signature consent form must be completed for each medication order and once every school year for a chronic condition. This form is available from the school nurse or you may also download it from the district website at: [www.wssd.k12.pa.us/healthservices](http://www.wssd.k12.pa.us/healthservices). Forms may be requested to have on hand for non-scheduled doctor visits.
2. All medications must be in the original container labeled with the student's name, medication name, dosage, duration and time to administer the medication. Please request a duplicate bottle from the pharmacist so that a labeled bottle is maintained both at school and at home.
3. Any change in type, dosage, time, or discontinuance of the medication must be reported to the school immediately with a written physician/practitioner order stating the directive in place for the nurse's office.
4. Medications must be brought to school by the parent/guardian or a responsible adult. Medications may not be sent to school on the person or property of a student as this may be considered a WSSD drug policy violation.
5. A student is only permitted to carry their rescue inhaler, insulin, and injectable Epinephrine when they have written approval from their health care provider.
6. School personnel are prohibited from giving the first dose of any medication.

All of these requirements must be met before the school will administer any medication.

If the health of the child is substantially impaired when the medication is forgotten, or administered early or late, parents/guardians should keep their child at home or be responsible for administering the medication. A parent/guardian/designee is permitted to come to school to administer the medication.

Most medications should be scheduled so they may be given at home, but it is understood that this is not always possible.

If there is concern regarding this matter, please call your child's school nurse.

Thank you,

The WSSD Health Services

507 Fishing Creek Road, P. O. Box 803, New Cumberland, Pennsylvania 17070-0803

District Office, 507 Fishing Creek Road, Lewisberry, Pennsylvania 17339-9517

Phone 717-938-9577

Fax 717-938-2779

[www.wssd.k12.pa.us](http://www.wssd.k12.pa.us)

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# WEST SHORE SCHOOL DISTRICT

WASHINGTON HEIGHTS ELEMENTARY



Todd B. Stoltz, Ed.D.  
Superintendent of Schools

Michele L. Trevino  
Principal

Dear Parent/Guardian:

To insure that your child will start the next school year with the proper medications, enclosed you will please find a *Medication Order and Request* form to be completed before the first day of the next school year. The form is located on the reverse side of this letter.

Please complete and return the form if your child will be taking medication for one of the following reasons:

1. Your child will be taking a prescription medication at school. A written physician's order/signature and written parental permission is needed in order to administer a daily medication at school.
2. Your child will be taking an over-the-counter medication more than three times during the school year. A written physician's order/signature and written parent permission is needed to give any medication more than three times during the school year.
3. Your child will be taking an over-the-counter medication less than three times during the school year. Written permission from the parent/guardian must be on file in the health room. (More than three doses during any given school year will require a doctor's signature).

Certain non-prescription, over-the-counter medications are stocked in the nurse's office: acetaminophen-tablets, children's chewable tablets and children's liquid; ibuprofen- tablets, children's chewable tablets and children's liquid; children's chewable antacid tablets. If your child will require any other medication next year, please bring all labeled medication in its original, unopened container where it will be stored and dispensed from the nurse's office. In addition, please remember elementary and middle school students may not carry medications, including cough drops, to school.

Kindly have your physician complete the form on the reverse side during the summer; your signature is required on the bottom of the form, as well.

We look forward to working with you to provide your child(ren) a healthy, safe, and enriching school year.

Have a wonderful summer!

Respectfully,

Julie Fickel, RN, CSN  
Certified School Nurse  
Washington Heights Elementary School  
717. 761. 8040

Irene Asken, RN  
School Nurse  
Saint Theresa School  
717. 774. 7464  
[stsnurse@sainttheresaschool.org](mailto:stsnurse@sainttheresaschool.org)

Medication must be:  
Brought to school by an adult  
In original container and  
accompanied by written  
parent permission.  
Prescription medication also  
requires a doctor's order and  
prescription label.

**WEST SHORE SCHOOL DISTRICT**  
**Pupil Services**  
**Medication Order and Request**

West Shore School Board Policy 210:  
Medications: with written parent  
Permission, WSSD nurses may  
administer up to 3 doses of an  
over-the-counter medication per school  
year. Any additional doses require  
a doctor's order.

Student's Name \_\_\_\_\_ Grade/Section \_\_\_\_\_

Diagnosis \_\_\_\_\_ Duration of administration \_\_\_\_\_

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_

Route (oral/injection/drops) \_\_\_\_\_ Time \_\_\_\_\_

During field trips, daily medication dose may be omitted: YES / NO

During field trips, daily medications may be given upon return to the school building: YES / NO

Side effects \_\_\_\_\_

Curtailment of specified school activities (sports, shop, driver training)

Other medication student is taking \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

(PLEASE PRINT)

Physician's Signature \_\_\_\_\_

Has the first dose of this medication been given? YES NO

School personnel are prohibited from giving the first dose of any medication.

**I request that school personnel administer this prescribed medication. I hereby release West Shore School District and all its employees from any and all liability for damages my child may suffer as a result of this request.**

**I understand that the certified school nurse will contact my child's health care provider to clarify this medication/procedure if necessary.**

**Any discontinued medication not removed from the school by a parent/guardian or a responsible adult, within a two-week period will be disposed of by the nurse.**

**It is the policy of the West Shore School District to administer prescribed medication during school hours only when absolutely necessary.**

**Prescription medication must be sent to school in a container with the prescription label by a pharmacist or a physician. If the parent/guardian does not want to send the prescription medication in its original container, (s)he should ask the pharmacist/physician for a separate, properly labeled container for school use.**

**If ANY medication is not in the original container, it CANNOT be given.**

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