## **Seneca Valley School District**

COMMAND TO THE REPORT OF THE R

Tracy L. Vitale, Ed.D. Superintendent of Schools

Administration Center 124 Seneca School Road Harmony, PA 16037-9134 PHONE: (724) 452-6040 FAX: (724) 452-6105

Private Physician Request for Medication Administration in School

1. Medication:	Stude	<mark>nt Name:</mark>		Gr	ade:	Room:	
Time of Administration:  Side Effects:  2. Medication:  Time of Administration:  Reasons for Administration:  Reasons for Administration:  Side Effects:  3. Medication:  Time of Administration:  Reasons for Administration:  Side Effects:  3. Medication:  Time of Administration:  Reasons for Administration:  Reasons for Administration:  Side Effects:	1.	Medicat	ion:	Do	se:		
Reasons for Administration:    Side Effects:		Time of	Administration:	Length of Administr	ation:		
Side Effects:				_			
2. Medication:		Side Effe	ects:				
Time of Administration:							
Time of Administration:	2.	Medicat	ion:	Do	se:		
Side Effects:    3.   Medication:		Time of	Administration:	Length of Administr	ation:		
Side Effects:    3.   Medication:		Reasons	s for Administration:				
Time of Administration:							
Time of Administration:							
Reasons for Administration: Side Effects:    Please choose an option below for Field Trips (required):   The prescribed dose can be withheld on the day of the field trip.   The time can be adjusted with the parent /guardian to be administered upon return to school.   This medication must be given to the child at the prescribed time.   Competency for Self Administration (for inhalers and Epipens ONLY)	3.	Medicat	ion:	Do	se:		
Field Trip    Please choose an option below for Field Trips (required):   The prescribed dose can be withheld on the day of the field trip.   The time can be adjusted with the parent /guardian to be administered upon return to school.   This medication must be given to the child at the prescribed time.   Comments:    Competency for Self				_			
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The prescribed dose can be withheld on the day of the field trip.  The time can be adjusted with the parent / guardian to be administered upon return to school.  This medication must be given to the child at the prescribed time.  Comments:  I certify that this student has a potentially life- threatening allergy and/or asthma and requires an inhaler or epinephrine auto injector. This student is competent and has been instructed in the proper method of self-administration of:  INHALER  EPINEPHRINE  This student may therefore carry and self-administer his/her inhaler and/or auto injecting epinephrine. If the student abuses or ignores district policy, the school can confiscate the inhaler or epinephrine and remove the privileges to carry the mediation.  Prescriber's Signature:  (Not Valid without licensed prescriber signature)  PARENT/GUARDIAN SIGNATURE ALSO REQUIRED:  I give permission for my child to receive the medication as ordered by the licensed prescriber. I also authorize, as needed, the sharing of information related to my child's health condition and this medication between the school nurse and the licensed prescriber of the medication. I relieve the district of responsibility for the benefits or consequences of the medication and I acknowledge that the district bears no responsibility for ensuring that medication is being taken.  Parent/Guardian Signature:  Date		Side Eff	ects:				
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	<u>Parent</u>	<mark>/Guardiar</mark>		nout signature)		Date	

According to Pennsylvania state medication guidelines, medication not picked up by the parent/guardian at the end of the school year will be disposed of. Medications must be picked up on or before the last day of school at Seneca Valley School District - school nurses are not available after that day.