Pennridge School District School Health Services

MEDICATION PERMISSION FORM

Medication will be administered to students during school hours only when such medication is needed by the student to remain in school and administration is required during school hours. No medication will be administered to any student without proper completion of the Medication Permission Form. Pennridge School District will only give those medications that are FDA approved. This form needs to be used for both prescription and non-prescription drugs (over the counter products).

All medication to be administered by school personnel must be delivered by an adult to the Health Office in **the original, properly labeled container,** given to the school nurse, principal, or the principal's designee along with the Medication Permission Form. Prescription and non-prescription medicine will be locked in the nurse's office. In accordance with state law, MEDICATIONS can only be returned to the parent or legal guardian

Students are not permitted to carry any medication with them in school, Exception – Properly labeled inhalers (with Physician approval), and Epi-pens.

TO BE COMPLETED BY PHYSICIAN / DENTIST					
Student's Name:	Age:	Grade:	School:		
Name of Medication:	Specific Dosage:		Frequency:		
Special Considerations:					
Reason for Medication:					
Effective Dates:	From:		То:		
It is my understanding that the employees of the Pennridge School District charged with the administration of this treatment/procedure during school hours rely on the directions contained in this document. I further certify that I am the physician or dentist who prescribed the medication/ treatment and that the student named above is under my supervision as a patient.					
Signature of Physician/Dentist:					
Printed Name of Physician/Dentist:					
Address:					
Telephone: Fa>		Dat	te:		

TO BE COMPLETED BY PARENT / GUARDIAN:

As parent/guardian of the above named student, I hereby request that the treatment described above be administered to my child and release the Pennridge School District and its employees from liability for any damages my child may suffer as a result of this request.

Signature of Parent or Guardian:	

Home Telephone: _____ Work Telephone: _____ Cell Number: _____