



Inspiring Excellence

Upper Merion Area School District

435 Crossfield Road • King of Prussia, PA 19406 • 610-205-6400 • Fax 610-205-6433 • www.umasd.org

Dear Parents, Guardians, and Caregivers,

When it becomes necessary to administer any medication during school hours, these regulations apply:

1. A **signed physician's note** must be given to the School Nurse for any **prescription or over-the-counter** medication other than Tylenol, Advil, and Benadryl to be taken during school hours. All notes must be renewed at the beginning of each school year and expire at the end of the school year.
2. A **signed parental/guardian permission note** for the medication must be given to the School Nurse.
3. Acetaminophen (generic Tylenol), Ibuprofen (generic Advil), and Benadryl for allergic reactions may be dispensed in the nurse's office at the discretion of the school nurse, and with the signed permission of the parent or guardian. A check off area for these medications is included on the student data sheet.
4. The medication must be provided in the **original pharmacy container** with the original label intact.
5. A parent, guardian, or another responsible adult must deliver the medication to the health suite.

If your child is to be given daily medication at school, **please have these forms available on the first day the medication is to be administered. NO MEDICATION WILL BE ACCEPTED FOR ADMINISTRATION UNTIL ALL FIVE OF THE REQUIREMENTS ARE MET.** Please keep the School Nurse or Health Room Assistant informed of any changes in the prescribed medication. For your convenience, you may request a duplicate prescription container for the portion of the medication to be taken at home. Thank you for your cooperation with the medication policy designed for the safety of all students.

Physician's Certificate for Medication taken during School Hours

Student's Name _____ Grade _____ Age _____

Address _____

Name of Medication _____ Strength _____

Directions for Dispensing _____

Possible Side Effects _____

Effective Dates: From _____ To _____

ALL MEDICATION ORDERS EXPIRE THE LAST DAY OF CURRENT SCHOOL YEAR

Physician's Signature _____ Phone _____

Printed Name of Physician _____

Parents Signature _____

HEALTH SUITE PHONE # _____ FAX # _____