

Please see back for instructions

**NORTHERN YORK COUNTY SCHOOL DISTRICT**

**Medication Order and Request**

*This form **must** be completed for any medication brought to school.*

- *Please do NOT complete for the school to give generic Tylenol, Advil, or any of the medications listed on the other side of this page.*

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

Diagnosis \_\_\_\_\_

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

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

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

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

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

Curtailement of specified school activities (Phys Ed., Driver's Ed., etc.) \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**Physician's Name: Please PRINT:** \_\_\_\_\_

I hereby release, indemnify, and hold harmless the Northern York County School District, its employees, and its agents against any claim(s) arising out of the administration of this medication pursuant to this permission form, or related to the benefits or consequences of the prescribed medication. I understand this permission form must be completed by both a physician and the parent/guardian prior to administration of the medication. I agree to inform the School Nurse if any changes occur in this medication.

I give permission for the school nurse to share this information with school staff if necessary.  yes  no

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Name: Please PRINT:** \_\_\_\_\_

# Medication Policy

It is the policy of the Northern York County School District to administer prescribed medication during school hours only when absolutely necessary.

## **ALL MEDICATIONS TO BE GIVEN AT SCHOOL, BOTH PRESCRIPTION AND OVER-THE-COUNTER, REQUIRE THE FOLLOWING:**

- A medication order form or written prescription completed by your physician and signed by you requesting that the medication be given at school.
- The medication in its properly labeled prescription bottle with only enough medication for school use. In the event that you have only one prescription bottle, please ask your pharmacist to provide a second prescription bottle with proper labeling to be used at school.
- The medication (including over-the counter medications) brought to school by a parent/guardian or a responsible adult designated by the parent. Medications should be handed directly to the nurse. Please do not leave medications on a desk or counter. All medications must be counted and signed for by the adult delivering the medication and by the school nurse.

With yearly written permission from the parent/guardian, a student may be given the following if necessary:

- Generic Advil (ibuprofen)
- Generic Tylenol (acetaminophen)
- Generic Halls (cough drops)
- Generic Tums (antacid)
- Generic Benadryl (antihistamine)
- Generic Caladryl (anti-itch lotion)
- Generic antibiotic cream for skin
- Generic Bee Sting Relief (skin anesthetic)

Consent for giving the medications above will be required at the start of each school year.

Your cooperation in complying with these requests will help us to provide a safe, uninterrupted medication regimen for your child.