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

SCHOOL HEALTH SERVICES

Dear Parent/Guardian:

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_____

Parent's Signature_____

HEALTH SUITE **PHONE #** Caley 610-205-3655
FAX # Caley 610-557-8602

Form #5080 Rev. 8/09

Upper Merion Area School District is an equal opportunity educational institution and will not discriminate on the basis of race, color, religious affiliation, national origin, sex, age, marital status or non-relevant handicaps and disabilities in its activities, programs or employment practices as required by Title VI, Title IX and Section 504. The district's commitment to non-discrimination extends to students, employees, prospective employees and the community. For information regarding civil rights or grievance procedures or for information regarding services, activities and facilities that are accessible to and useable by handicapped persons, contact Michelle Longo, Director of Human Resources, Upper Merion Area School District, 435