



CAMP HILL SCHOOL DISTRICT

418 South 24th Street

Camp Hill, PA 17011

717-901-2400

www.camphillsd.k12.pa.us

School Medication Administration Authorization Form

Nurse office phone 717-901-2500 x 3979 FAX 717-901-2568

This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Medication brought to school must be in a container labeled by physician or pharmacist.
- If needed, ask the pharmacist/physician for a separate, properly labeled container for school use.
- Nonprescription medication must be in the original packaging and labeled.
- Unused medication shall be picked up by parent/guardian or it will be discarded by the nurse.

School year _____ (includes summer session)

Student Name: _____ DOB: _____ Grade _____

Condition for which the medication is being administered: _____

Medication: _____ Dose _____ Route _____

Time/frequency of administration _____ If PRN, frequency _____

Specific instructions of administration _____

Possible side effects or contraindications: _____

Other medication student is taking: _____

Prescribers' name/Title: _____ or Prescribers address stamp here:

Telephone: _____ FAX _____

Address: _____

Prescribers signature: _____ Date _____

PARENT/GUARDIAN AUTHORIZATION

I request designated school personnel to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I authorize the school nurse to communicate with the health care provider as allowed by HIPAA. I hereby release Camp Hill School District and all its employees from any liability for damages my child may suffer as a result of this request.

Parent/Guardian Signature: _____ Date: _____

Order reviewed by the RN/CSN _____ Date: _____