CENTRAL YORK
SCHOOL DISTRICT

Medication Order and Parent Permission Form

This form must accompany ALL MEDICATIONS to be given at school (includes prescription medications, over-the-counter treatments or medications, and herbal remedies).

Healthcare Provider completes this part:

I have prescribed for _____
(CHILD'S NAME and BIRTHDATE)

to be given _____ at school
(NAME OF MEDICATION and DOSAGE)

at _____ for_____.
(TIME OF DAY) (LENGTH of TIME or SCHOOL YEAR)

Diagnosis/Condition being treated: _____

Specific instructions: _____

Students with written permission from their healthcare provider may self-carry an inhaler or epi-pen. The school nurse will meet with the student to confirm their understanding of CYSD rules and expectations. The privilege may be revoked for not following school safety policies.

YES | NO This student may self-carry and self-administer their inhaler or epipen. The student has been taught and demonstrates appropriate technique.

Physician Name _____ | _____
(SIGNATURE) (PRINTED NAME)

Date of order _____ Physician phone # _____

PARENT / GUARDIAN COMPLETES THIS PART:

I give consent for the school nurse (RN or LPN) to administer the medication listed above to my child. I understand that only emergency epinephrine and albuterol inhalers will be sent with my child's teacher on field trips.

DATE _____PARENT SIGNATURE _____

Parent phone number for questions and emergencies: _____