pace
Learning Redefined

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Medication Administration Consent And Licensed Prescriber Order During School Hours

Effective 2025/2026 School Year
Including Extended School Year (ESY) 2026

Student Name: _____ Date/Time: _____

School (Center): _____ Teacher/Grade: _____

In accordance with school (center) policy and PA state law, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school (the center), each student must provide the nurse with a *Medication Administration Consent* form signed by the student's parent/guardian and a *Medication Order* from a licensed prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

Licensed Prescriber Medication Order:

Name of medication: _____

Route and dosage: _____ Time of administration: _____

If PRN, frequency: _____

Directions: _____

Medication administered from (date): _____ to _____

Allergies: _____

Licensed prescriber signature: _____

Licensed prescriber name printed: _____ Phone: _____

Parent/Guardian Consent:

I give my permission for my child, _____, to receive the following medication by a licensed prescriber during the school day. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions. I understand that I must supply the school with no more than a one-month supply of medication. I understand that this medication will be destroyed if not picked up within one week following termination of the order or the last day of school, whichever comes first. I give permission for exchange of information between the School Nurse and prescriber necessary to ensure the safe administration of such medication.

Parent/Guardian signature: _____ Date_____

Parent/Guardian name printed: _____ Phone_____

PACE SCHOOL
MEDICATION ADMINISTRATION PROCEDURES

1. **WRITTEN ORDER – NO** medications, prescription or over the counter, will be given without a written order from a Licensed Prescriber (Physician, Certified Nurse Practitioner, Physicians Assistant or Dentist). Faxes of the completed PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS form will be accepted.

2. **PARENT PERMISSION-** The Parent/Legal Guardian must provide the nurses with written permission before any medications will be given. A two person verbal consent may be obtained by the nurses initially but the Parent/Legal Guardian is still required to sign the PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS form as soon as possible.

3. **PRESCRIPTION MEDICATIONS- ALL** medications **MUST** be in a labeled pharmacy bottle/container/package. Please ask your pharmacist to provide a separate labeled bottle/container/package for each medication. Please ask your pharmacist to place a label on all Epinephrine Auto-Injectors and Asthma Inhalers.

4. **OVER THE COUNTER MEDICATIONS-** Must be in the original labeled container from the manufacturer. Parents/Legal Guardians are to write their child's name and date of birth on the container.

5. **TRANSPORTATION OF MEDICATIONS- ALL** medications (prescription and over the counter) **MUST** be delivered to the Health Office by the Parent/Legal Guardian or responsible adult. **STUDENTS ARE NOT PERMITTED TO CARRY MEDICATIONS TO OR FROM SCHOOL.**

6. **YEARLY OVER THE COUNTER MEDICATION ORDERS-** A new signed PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS form is required every year or whenever there is a change in the dose of the medication during the current school year including the Extended School Year Program.

7. **FAILURE TO FOLLOW THE ABOVE PROCEDURES WILL RESULT IN THE MEDICATION NOT BEING ADMINISTERED AT PACE SCHOOL.**

ORAL AUTHORIZATION – NOT APPLICABLE TO HIV RELATED INFORMATION

I witness that the person understood the nature of this consent and freely gave his/her oral authorization. (Two witnesses are required)

Name of person giving oral authorization: _____

Relationship: _____

Witness #1: _____ Date: _____

Witness #2: _____ Date: _____

The Parent/Legal Guardian was informed that a two person verbal consent may be obtained by the nurses initially to administer medications but the Parent/Legal Guardian is still required to sign the PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS form as soon as possible.