



**DOWNINGTOWN AREA SCHOOL DISTRICT
AUTHORIZATION FOR MEDICATION ADMINISTRATION (210-AG)**

Physician authorization and parent consent is required for the administration of prescription and over the counter medications in school. New medication orders are required annually and must be dated after June 30th. All medication MUST be delivered to the nurse's office by parent/guardian in a secure original pharmacy-labeled container. Please refer to DASD board policy 210 for further information.

Student's Full Name: _____ **Grade/Homeroom:** _____

Date of Birth: _____ **Allergies:** _____

Name of medication (Prescription/OTC): _____

Diagnosis/condition for which medication is prescribed: _____

Route of administration: _____ **Dosage:** _____ **Time of administration:** _____

Date medication administration begins: _____ **Date medication administration ends:** _____

In the event of a 2-hour delayed school opening, medication will be administered as indicated:

_____ @ original time noted above _____ @home only _____ @ the following time: _____

_____ Per PA School Health Law, the following emergency medications can be administered by trained non-medical professionals (teachers, school administration): **epinephrine auto injector and asthma inhaler**. When a school nurse is not available during an off-campus activity (field trip, extra-curricular), I am aware that only the **epinephrine auto injector and/or asthma inhaler** will be administered in the case of an emergency and 911 will be called.

_____ Student is permitted to **self-carry** the following medication/supplies, which is limited by PA school health law and subject to the requirements under school board policy 210 while attending school activities: diabetes management medications/supplies, glucagon, asthma rescue medication, epinephrine auto injector. **This does not include Neffy (nasal epinephrine) at this time.**

_____ Student is permitted to **self-administer** the following medication/supplies, which is limited by PA school health law and subject to the requirements under school board policy 210 while attending school activities: diabetes management medications/supplies, glucagon, asthma rescue medication, epinephrine auto injector. **This does not include Neffy (nasal epinephrine) at this time.**

_____ Student is **NOT permitted to self-carry and/or self-administer** any emergency medications.

Physician Signature

Physician Printed Name

Date

Parent/Guardian Signature

Parent/Guardian Printed Name

Date