NORTH ALLEGHENY SCHOOL DISTRICT
Request for Medication Administration - Camp KOK

Please complete both sides of the form. Not valid without parent/guardian signature

To be completed by Licensed Prescriber* **In lieu of Prescriber signature on this form, documentation on letterhead may be attached*

Student's Name Student ID#				
Medication	**#1**	**#2**	**#3**	**#4**
Dosage				
Time of Administration				
Length of Administration				
Reason for Medication				
Administration Instructions				
#Sent				
Side Effects				
Competency for Self-Administration	I, _____, certify that this student has a potentially life threatening illness and (licensed prescriber's printed name) Requires an inhaler or auto injecting epinephrine. This student is competent and has been instructed in the proper method of self-administration of said medication. This student may therefore carry and self-administer his/her inhaler or auto injecting epinephrine.			
Signature of Licensed Prescriber	Name_____ Phone _____ **(not valid without licensed prescriber signature*)** **** In lieu of Prescriber signature on this form, documentation on letterhead may be attached***			
All medications should be delivered to school in the originally labeled container. Parent/Guardian will need to pick up medication upon return to school. Please only provide only the necessary amount of medication needed for the camp. Student will not be given medication to carry home.				

ONLY PRESCRIBED MEDICATION CAN LEGALLY BE ADMINISTERED BY LICENSED MEDICAL PERSONNEL

To be completed by Parent/Guardian: I give permission for my child to receive the above noted medication at school/on a school trip, according to School Board Policy 210. **I also give permission for the certified school nurse to contact the licensed prescriber, as necessary, regarding the medication.**

Parent/Guardian Signature: _____ (not valid without signature)
Cell: _____
Home: _____
Work: _____

Permission to carry and self-administer Inhalers and Auto Injecting Epinephrine

In accordance with Pennsylvania State Law, I hereby agree to allow my child to carry his/her asthma inhaler medication or auto injecting epinephrine. I acknowledge that the North Allegheny School District and its staff bear no responsibility for the benefits or consequences of the medication and that the school bears no responsibility for ensuring that the medication is taken. The North Allegheny School District reserves the right to withdraw permission at any time if the student is unable to demonstrate responsible behavior in carrying and/or taking this medication.

Parent/Guardian Signature: _____Date: _____

I agree to be solely responsible for my Inhalers and/or Auto Injecting Epinephrine and to follow the directions for its use as ordered by my licensed prescriber and the district's medication policy. I am aware that any abuse of this privilege will result in confiscation of the medication and loss of privilege to carry and self-administer said medication.

Student Signature: _____ Date: _____

District Health Office use only:

Medication #1	Day 1	Day 2	Day 3
Medication #2			
Medication #3			
Medication #4			

District Health Office Staff:

1. Signature and initials: _____
2. Signature and initials: _____