

PARENT/LICENSED PRESCRIBER REQUEST FOR MEDICATION ADMINISTRATION

In accordance with the **Pennsylvania Guidelines for School Health Services**, no medication will be administered at school without a physician order. KCSD requires medical and parental authorization for the administration of all medications. All medications must be provided in the original prescription bottle or packaging. Neither the District nor its employees assume any liability for the benefits or consequences of the medication, nor for ensuring that it is taken at the scheduled time.

Date	Student First Name	Student Last Name

Grade/Homeroom	Date of Birth	Medication Allergies

Diagnosis or condition for which medication is prescribed:

Medication

Amount to be given		Time(s) to be given	
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Special Instructions

Signature of Parent	Signature of Medical Provider

Print Name of Parent	Print Name/Phone # of Medical Provider

GRADES 4 - 12 CONSENT TO CARRY ASTHMA INHALER, INSULIN OR EPINEPHRINE AUTO-INJECTOR

With written parent and licensed prescriber consent for the student to possess and self-administer an asthma inhaler, insulin, or epinephrine auto-injector, the District and any school employee is relieved of the responsibility and consequences if the prescribed medication is not taken appropriately by the student.

Signature of Parent	Signature of Medical Provider

Print Name of Parent	Print Name/Phone # of Medical Provider