

MEDICATION PERMISSION

If it is essential that a student receive medication during the school day, then the following form must be completed and returned to the School Nurse.

NAME OF STUDENT _____ GRADE / SECTION _____

REASON for the medication _____

MEDICATION NAME _____ AMOUNT and DOSE OF MEDICATION _____

TIME MEDICATION IS TO BE GIVEN _____

DATE MEDICATION IS TO BEGIN _____ DATE MEDICATION IS TO END _____

POSSIBLE SIDE EFFECTS OR CONTRAINDICATIONS _____

Prescription Medication administration for Field Trips: A parent or parent designee is encouraged to attend field trips when their child requires medication during a field trip. In the event that a parent or parent designee is unable to attend the field trip, the Physician prescribing the medication must provide the school nurse with a written order for the medication administration on the day of a field trip. **Physicians please complete one of the following areas:**

1. The prescribed medication may be administered when the student returns from the field trip. _____ (Physician signature required)
2. The medication may be omitted for the day of the field trip. _____ (Physician signature required)
3. Maintain current medication administration time. _____ (Physician signature required)
 **In the event a nurse is not available to attend the field trip to administer the medication, what is your recommendation? _____

Permission for medication administration

Permission for prescription medication

Parent signature Date

Physician signature Date

POTTSVILLE AREA SCHOOL DISTRICT MEDICATION PERMISSION FORM

Dear Parent,

Please complete the information on the back of this form *if it applies to your child requiring medication during school hours*. If it does not apply at this time keep the form should your child require medication during the school year.

It is important that you are aware of our school procedure concerning medication administration during school hours.

1. **NO PRESCRIPTION MEDICATION WILL BE ADMINISTERED IN SCHOOL EXCEPT BY THE DIRECT ORDER OF A PHYSICIAN.** The written physician's order in addition to the prescription bottle must be sent to school. The written physician's order must include the following:
 - a. Child's name
 - b. Name of the medication
 - c. Dosage to be given
 - d. Time the medication is to be administered
 - e. Duration of the medication administration
 - f. Instructions for medication administration during a field trip
2. All medication must be sent to school in the **ORIGINAL BOTTLE**, with the medication name and dosage. Medication sent in bags or envelopes *will not be administered*.
3. Medication to be administered 3 times daily must be given at home. Only medication that must be administered 4 times a day or 3 times a day with meals will be administered during school hours.
4. Completion of the back of this form is required and must accompany all medication, this includes inhalers and epi-pens.
5. Students require their physician's written permission to carry their inhaler or epi-pen. Inhaler use must be reported to the nurse each time the inhaler is used. The student's parent must sign a waiver for the student to carry their inhaler or epi-pen during school.
6. **The parent must transport** all prescription medication to school and sign a medication form upon delivery. The parent must pick up any unused medication from the school nurse. **No prescription medication can be transported by a student.**

If at all possible, medication should be administered at home rather than in school.

School Nurse