SELINSGROVE AREA SCHOOL DISTRICT

# Medication Administration Request

Name of Student_____ Grade_____
(Last) (First) (Middle)
Name of Medication_____
Diagnosis_____
Dosage_____ Wt. in kg_____
Date(s) to be given_____
Time(s) to be given_____
Termination date for administration of the medication _____
Medication allergies _____
Prescribed by_____ Provider's phone number_____
Prescribing provider's signature (a handwritten or faxed medication order from the prescribing provider is also acceptable.)
X_____

I hereby give my permission for the medication listed above to be given to my child by the School Nurse or the licensed designee of the School Nurse. I relieve the Selinsgrove Area School Board and its employees of liability in the administration of this medication and its transportation to and from school. I agree to allow the School Nurse to contact the prescribing medical provider concerning the medication(s).

I hereby give permission to the School Nurse to share information relevant to the prescribed medication as he/she determines appropriate for my child's health, safety, and education.

I understand I may retrieve the medication from the school at any time; however, the medication will be destroyed if it is not picked up within one week following the termination of the order or the end of the school year.

Parent/Guardian Signature _____ Date_____

Additional information:
The Selinsgrove Area School District encourages parents and physicians to arrange medication schedules to be given at home rather than in school. However, when this is not possible, medications will be administered by the School Nurse, or the licensed designee of the School Nurse, when the following procedures are followed:

<u>All Medications:</u> There must be a written request from the child's parent/guardian and medical provider which includes: name of student, medication, diagnosis, dosage, time and date to be given in school and the termination date of the order. The request should be dated and include the provider's name and phone number. Medication must be in the original container labeled with the child's name and dosage of medication and be brought to the School Nurse by the parent or guardian. A written record will be kept of all medication given at school.

<u>Over the Counter Medications:</u> Students are permitted to carry non-prescription medications to school but must take them to the School Nurse upon arrival. The Request for Administration of Medication form is completed for both prescription and over the counter medication. Only the doses needed for school time use should be sent in the original container with standard dosages and ingredients indicated.