Plum Borough School District
Nursing Services Department

Authorization for Medication to be Given at School

A. The following section is to be completed and signed by the parent or guardian:

****** If the following is for an **Inhaler or Epinephrine Injector:** parent must also complete and submit the corresponding forms:

- ✓ Self-Administration of Asthma Inhalers
- ✓ Student Asthma Action Plan
- ✓ Self-Administration of Epinephrine
- ✓ Information Regarding Student with an Allergy

Student's Name:_____ Grade _____ Date of Birth_____

Parent's Home Phone:_____ Emergency Phone:_____

Health Care
Provider's Name _____ Phone:_____

I request that the school comply with the medication order below. I agree to comply with the regulations listed on the reverse side of this form. I also hereby authorize and request that my child be assisted in taking the medication(s) below, by the persons listed on the reverse side of this form. I relieve the school district and its employees of any responsibility for the benefits or consequences of this medication that is physician, dentist, nurse practitioner or physician assistant prescribed and parent / guardian authorized.

Parent / Guardian Signature_____**Date**_____

B. The following section is to be completed and signed by the Physician, Dentist, Certified Nurse Practitioner, or Physician's Assistant prescribing the medication:

Diagnosis for which medication is to be given:_____

Name of Medication & Dosage to be given:_____

Frequency, Route, Time to be given:_____

If ordered "PRN" describe indications:_____

How soon can it be repeated?_____

List significant side effects:_____

Length of time treatment is to take place:*_____
*School Policy requires a new order for each school year.

Inhalers: Student is qualified, able to carry, and self-administer the Inhaler: yes ____ no_____
Epinephrine: Student is qualified, able to carry, and self-administer the Epinephrine: yes ____ no_____

If Inhaler / Epinephrine is not effective in relieving symptoms, state further plan of action: _____
_____

Licensed Prescriber's Signature_____**Date**_____

Licensed Prescriber's Printed Name _____ Phone _____

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Administering Medications to Students

Pennsylvania State Law governs the administration of all medications, including over-the-counter medications. The law forbids a nurse to administer any medication without a licensed prescriber's written order and signed permission by the parent or guardian. The Plum Borough School District recognizes that when students' health needs make it necessary for medication to be taken during school hours, certain procedures must be followed.

1. Written Order - Prescription medications, over-the-counter medications, nutritional supplements, or herbal supplements will not be administered without providing the school with a written order from a licensed prescriber (Physician, Certified Nurse Practitioner, Physician's Assistant, or Dentist). The pharmacy label does not suffice as this written order.

2. Written Parent Permission - The school must also be supplied with written parent or guardian permission in order to have any medications given at school.

****** If the order is for an **Inhaler or Epinephrine Injector:** parent must also complete and submit the corresponding forms:

- ✓ Self-Administration of Asthma Inhalers
- ✓ Student Asthma Action Plan
- ✓ Self-Administration of Epinephrine
- ✓ Information Regarding Student with an Allergy

3. Types of Medications Given at School - Only essential prescribed medications will be given at school. Pre-planning will permit most medications to be administered at home. Self-medication by students is not permitted. Exceptions will be made for any student with asthma or severe allergy, whose parent has requested that the student carry and administer his or her Inhaler or Epinephrine.

4. Prescription Medications – For prescriptions medications required at school, please request that your pharmacist supply a separate, properly labeled, pharmacy medication bottle.

5. Over-the-Counter Medications - Medications must be in the manufacturer's original packaging, and labeled by the parent with the student's name.

6. Personnel Administering Medications - Medications may be administered by the nurse, or a supervising adult.

7. Transporting Medications - Students should not carry medications to or from school. A responsible adult should bring medications to the health room.

8. Yearly Medication Order - For those medications that extend from one school year to the next, a new order from the licensed prescriber and new parent permission must be provided for each school year.

9. Noncompliance with the Above Policy - Noncompliance will result in the medication not being given at school.

Parent and Licensed Prescriber must complete the reverse side of this form, and return it to the school nurse