

Octorara Area School District

Medication Permission Form

Student Name: _____ Grade: _____ HR: _____

Home Address: _____

Primary Contact: _____ Date of Birth: _____

Cell Number: _____

Work Number: _____

Medication: _____

Diagnosis: _____

Dosage: _____ Route: _____ Time of Administration: _____

Possible Side Effects: _____

Special Instructions: _____

Early dismissal - Give (time) _____ Do not give _____

Delayed opening - Give (time) _____ Do not give _____

Field trip - Needs to be given _____ Not needed _____

I understand that all medications, prescription and non-prescription, must be brought by the parent to the Nurse's Office for storage and dispensing. All medication must be in the original pharmacy and/or labeled container.

This medication will be administered by the licensed school nurse or licensed nurse substitute. In the case of field trips, this medication may be administered by a licensed nurse volunteer. In the absence of a licensed nurse, certain emergency medications (Epi-pen, rescue inhalers, glucagon) may be administered by trained personnel according to district policy.

Parent Name (print)

Physician Name (Print)

Parent Signature/Date

Physician Signature

Medications in School

Please Read

**No Medication may be given at school until
ALL 3 items below have been received:**

If your child needs to take any type of medication during the school day you **MUST** do the following:

1. Complete and sign the parent consent form.
2. Provide a written Physician's Order or Signature on consent form.
(May be faxed to 610-593-8248)
3. Bring in medication.

MEDICATION POLICY FOR THE OCTORARA AREA SCHOOL DISTRICT

The Octorara Area School District physician, along with the school nurses, recommend that **NO** medications be given during school hours. Most medications can be given before and/or after school.

If any medication **MUST** be given in school, **BOTH prescription AND over the counter non-prescription drugs**, it **MUST** be in its original container accompanied by a signed note from a parent or guardian **AND** the prescribing physician containing the following information:

- Current DATE
- Student's full NAME and grade
- Name of MEDICATION
- DOSAGE to be given
- TIME medication is to be given
- DATE(s) medication is to be given
- CONDITION for which medication has been prescribed
- SIGNATURE of parent/guardian
- SIGNATURE of physician

ALL medications are to be kept locked in the nurse's office unless special permission is given for the child to keep the medication with them. In that case, such as asthma medication, it must be registered with the nurse and each use reported to the nurse. It is strongly recommended that even asthma medications be kept locked in the nurse's office to avoid it being lost, misused, or used by another child. Remember when sending medication to school, 2 times a day means every 12 hours, 3 times a day means every 8 hours, and 4 times a day means every 6 hours unless otherwise specified by the physician.