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IN-SCHOOL MEDICATION ADMINISTRATION REQUEST

To be completed by licensed prescriber:

Date: _____

Student Name:		Grade/Homeroom:
Medication Name	#1	#2
Dosage		
Time/Length of Administration		
Reason for Medication		
Administration Instructions		
Side Effects		
Field Trip	<p>Please check the following option when a parent/guardian or parent/guardian designee (non-staff) is unable to attend a field trip.</p> <p><input type="checkbox"/> Yes, the prescribed dose can be withheld on the day of the field trip</p> <p><input type="checkbox"/> Yes, the time can be adjusted with the parent/guardian to be administered upon return to school</p> <p><input type="checkbox"/> No, this medication must be given to the child at the prescribed time.</p>	
Competency for Self Administration	<p>I, _____, certify that this student has a potentially life threatening (licensed prescriber's printed name) illness and requires an inhaler or auto injecting epinephrine. This student is competent and has been instructed in the proper method of self-administration of said medication. This student may therefore carry and self-administer his/her inhaler or auto injecting epinephrine.</p>	
Signature of Licensed Prescriber	Name: _____ (not valid without licensed prescriber signature)	Phone #: _____

To be completed by Parent/Guardian:

I give permission for my child to receive the above noted medication at school according to School Policy. I waive and release Providence Heights Alpha School and any School employee from any and all liability or responsibility for the administration of the medication or benefits or consequences of the medication and acknowledge that the School bears no responsibility for ensuring that the medication is taken. I also give permission for the School Nurse to contact the licensed prescriber, as necessary, regarding the medication.

Parent/Guardian Signature: _____
(not valid without signature)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

ONLY PRESCRIBED MEDICATION CAN LEGALLY BE ADMINISTERED



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PERMISSION TO CARRY AND SELF-ADMINISTER INHALERS AND AUTO INJECTING EPINEPHRINE

In accordance with Pennsylvania State Law, I hereby agree to allow my child to carry his/her asthma inhaler medication or auto injecting epinephrine. I acknowledge that Providence Heights Alpha School and its staff bear no responsibility for the benefits or consequences of the medication and that the school bears no responsibility for ensuring that the medication is taken. Providence Heights Alpha School reserves the right to withdraw permission at any time if the student is unable to demonstrate responsible behavior in carrying and/or taking this medication.

Parent/Guardian Signature: _____ Date: _____

I agree to be solely responsible for my Inhalers and/or Auto Injecting Epinephrine and to follow the directions for its use as ordered by my licensed prescriber and the School's medication policy. I am aware that any abuse of this privilege will result in confiscation of the medication and loss of privilege to carry and self-administer said medication.

Student Signature: _____ Date: _____

For School Health Office Use Only:

For students in Grade 6 through 8:
When a written statement of competency is not provided by the licensed prescriber, the student must meet all four criteria to self-administer Inhalers and/or Auto Injecting Epinephrine:

- _____ 1. Respond and visually recognize his/her name.
- _____ 2. Identify his/her medication.
- _____ 3. Demonstrate proper technique for self-administering his/her medication
- _____ 4. Verbalize symptoms when medication should be used.

This student has demonstrated the ability to self-administer the said medication as indicated above.

Nurse Signature: _____ Date: _____

Medication	Date	Prescriber Note	Parent Note	Count	Exp. Date	Nurse's Signature



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MEDICATION ADMINISTRATION DURING THE SCHOOL DAY GUIDELINES

While it is preferred that medication is administered outside of school hours, we recognize the need at times for administration to occur during the school day. If your Health Care Provider deems it medically necessary for your child to take medication during the day, the following procedures must be completed:

1. **Written authorization from the licensed prescriber must accompany all medications.** That written authorization may come in the form of:
 - a. A completed “In-School Medication Administration Request Form” or
 - b. Written note on the licensed prescriber’s letterhead or prescription notepad.
2. **A parent/guardian must complete the “*In-School Medication Administration Request*” AND “*Parent Request for Administration of Medication and Agreement of Release and Indemnity*” forms.**
3. **All medication must be in its original labeled container and received prior to the first day of administration.**
4. **Medication must be dropped off and picked up by a parent/guardian.** If someone other than the parent/guardian must deliver the medication to the school:
 - a. Medication must be in the original container and placed in a sealed envelope.
 - b. Medication must to be delivered to the main office immediately upon arrival.
 - c. The parent assumes all responsibility for medications sent to school.
5. **Changes in medication must be accompanied by a licensed prescriber’s written statement.** A faxed written statement with licensed prescriber’s signature will be accepted.
6. For students who carry and self-administer emergency medications, the “*Permission to Carry and Self-Administer Form*” must be completed. In addition, an order is required from a licensed prescriber indicating that it is necessary for the student to carry the medication and that the student is competent to self-administer.