

**TULPEHOCKEN
SCHOOL
DISTRICT**

TULPEHOCKEN AREA SCHOOL DISTRICT
27 Rehrersburg Road Bethel, PA 19507

Bethel Elementary (717) 933-4131 FAX (717) 933-8485
Penn-Bernville Elementary (610) 488-6248 FAX (610) 488-1188
Tulpehocken Jr./Sr. High School (610) 488-6286 FAX (610) 488-7976

AUTHORIZATION FOR SCHOOL MEDICATION ADMINISTRATION
FORM MUST BE COMPLETED BY BOTH A PHYSICIAN AND PARENT

Child's Full Name: _____ Grade/Homeroom: _____

Date of Birth: _____ Drug Allergies: _____

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PHYSICIAN'S REQUEST

Name of medication: _____

Reason: _____

Side effects and/or limitations on activities: _____

Time and dose(s) to be given at home: _____

Time and dose(s) to be given at school: _____

Medication is to be administered:

1. _____ until completed. Dates to be given at school: _____
2. _____ entire school year. Daily _____ PRN _____
3. _____ other: _____

_____ I believe this child is able and responsible to carry and self-administer his/her inhaler (grades K-12) and/or Epi-Pen (grades 7-12) during school. He/she has permission to do so and has been instructed on how to self-administer.

Physician Signature

Printed Name

Date

Phone Number

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PARENT'S REQUEST

I, the parent/guardian of _____ request that the employees (nurse, principal, or principal designee) of the Tulpehocken Area School District administer the above named medication as prescribed by my child's physician. My signature on this document constitutes a complete waiver of liability claim in any and all respects against the Tulpehocken Area School District and its Board of Directors and all employees unless the District is negligent with regard to any claim for injury in connection with administration of medication.

Additionally, I agree to hand deliver the medication to the nursing office in the original pharmacy or physician labeled container. I also accept responsibility to provide a physician's note and my written instruction if the medication is to be changed or discontinued. I give permission for the school and physician to communicate regarding this medication and medical condition.

_____ I believe my child is able and responsible to carry and self-administer his/her inhaler (grades K-12) and/or Epi-Pen (grades 7-12) during school activities. I give permission for him/her to do so and he/she has been instructed on how to self-administer. If my child uses his/her inhaler or Epi-Pen, he/she will notify the nurse as soon as possible after using the medication.

Parent/Guardian Signature

Date

List all medications currently being taken by this child _____

PARENT NOTIFICATION OF MEDICATION PROCEDURE

★ **This must be done annually to cover one school year (August-June)** ★

It is our intent to ensure the maximum health and safety for all students in the Tulpehocken Area School District. We realize that at times students have medical conditions which require the use of medication. In most situations, all doses of the prescribed medications can be given at home; however, there are times when it will be necessary for a student to receive medication during school hours.

The following procedures are necessary in order to comply with Pennsylvania State laws, including those of the State Board of Nurse Examiners. Please review the following guidelines carefully and consult the nurse in your child's school if you have any questions.

When it is necessary for a student to receive ANY medication(s) (including over-the-counter medications) at school, **PARENT/GUARDIAN MUST:**

1. Complete the form "Authorization for School Medication Administration" which requires both **PARENT/GUARDIAN** and **PHYSICIAN** signatures. A copy of this form is attached. Additional copies can be obtained from the nurse's office or on the Tulpehocken District website – www.tulpehocken.org Photocopies of the physician's signed original prescription form are acceptable as are faxed medication orders.

MEDICATION(S) CANNOT BE GIVEN UNTIL WRITTEN PERMISSION IS OBTAINED FROM BOTH THE PARENT/GUARDIAN AND PHYSICIAN.

2. A parent/guardian shall **HAND DELIVER** the medication to the school nurse in the labeled prescription container and/or original over-the-counter container. Upon request, most pharmacists will provide two labeled containers for a prescription so that one can be brought to school containing the number of doses required to be administered during school hours. The parent/guardian or adult designee will count and confirm the number of pills with the school nurse.
3. Notify the school nurse with a physician's order and your written consent if the medication is to be changed or discontinued.
4. Medications not picked up by the parent/guardian by the end of the school year will be discarded.

If these procedures are not followed, the school nurse will not be able to administer the medication during school hours. We regret any inconvenience this may cause you, but we feel these cooperative efforts are necessary to ensure the health and safety of our students. As always, your inquiries to the school nurse are welcomed if clarification is needed.

Sincerely,
TASD School Nurses