

COUNCIL ROCK SCHOOL DISTRICT

PERMISSION TO ADMINISTER MEDICATIONS IN SCHOOL

The following to be completed by the licensed prescriber

Patient's name _____ Date _____
Name of medication _____
Dosage _____ Time to be given _____ Route _____
Reason for Medication/Treatment _____
Directions _____
Effective date's _____ to _____
Allergies _____
It is my understanding that the employees of the Council Rock School District charged with the administration of this medication/treatment/procedure during school hours may rely on directions contained in this document. I further certify that I am the physician/dentist who prescribed the medication/treatment/procedure and that the student named above is under my supervision as a patient.
<input type="checkbox"/> YES <input type="checkbox"/> NO : I have instructed the patient in the proper way to use his/her emergency medication. (EpiPen, Inhaler, Diabetic medications only). It is my professional opinion he/she should be allowed to carry and use that medication by him/herself.
Licensed Prescriber signature _____
Licensed Prescriber printed name _____
Licensed Prescriber telephone number _____

Parent/Guardian Consent

I give my permission for my child to receive the following medication ordered by a licensed prescriber during the school day and release the Council Rock School District and its employees from liability for any damages my child may suffer because of this request. I understand that the medications will be given as directed according to my child's licensed prescriber's directions. Your signature gives permission for the nurse to contact and receive additional information from your health care provider regarding their medical condition(s).

Parent/Guardian signature _____ **Date** _____

Parent/Guardian name printed _____ **Phone:** _____

COUNCIL ROCK SCHOOL DISTRICT
School Health Services

MEDICATION/TREATMENT GUIDELINES

- The Medication/Treatment Dispensing Form on the reverse side must be completed by both the prescribing licensed provider (physician, dentist) and the parent/guardian for all FDA approved medication (prescription and over the counter) that must be administered during the school day. No medication will be administered without the proper completion of the Medication/Treatment dispensing form.
- Administration of all medications will be given in accordance with Council Rock School District's Medication Policy and in accordance with the Pennsylvania Department of Health guidelines for Pennsylvania schools for the administration of medications and emergency care.
- Medication will be administered to a student during school hours only when such medication is needed by the student to remain in school and administration is required during school hours. If possible, prescribing licensed providers should time administration of medication to be given at home, before or after school.
- Prescription medication as well as non-prescription medications must be delivered to the school nurse in the original labeled pharmacy container or box by a parent/guardian.
- Failure to provide documentation will require the parent/guardian to be present in school to administer the medication personally.
- Under no circumstances will the first dose of any medication be given at school due to the risk of an adverse reaction.
- Acetaminophen or Ibuprofen, for which the district has a standing order from the district physician, will be administered as needed to all students with the signed permission of a parent or guardian as noted on the student's emergency information form.
- In accordance with Act 187 of the school code and CRSD procedures, students requiring rescue inhalers, Epi-pens, Diabetic medications/supplies may be permitted to self-carry and/or self-administer medications with a completed permission form. In addition to the completion of the permission form, self-administration also requires a competency assessment by the school nurse.

Student Agreement:

- I have been trained in the use of my emergency medication
- I agree to carry my emergency medication with me at all times
- I will notify a responsible adult immediately if EpiPen is used to call 911
- I will not share my medication with other students or leave it unattended
- I will not use my medications for any other use than what it is prescribed for

Student Signature _____ Date: _____