

STATE COLLEGE AREA SCHOOL DISTRICT
LEARNING ENRICHMENT AND STUDENT SERVICES
HEALTH SERVICES
PARENTAL REQUEST AND PHYSICIAN'S ORDER FOR MEDICATION
(For students who require medication during school hours)

If possible, medication should be taken at home. The administration of prescribed medication, and over the counter medication to a student during school hours will be permitted only **when failure to take such medication would jeopardize the health of the student and/or the student would not be able to attend school if the medication were not made available during school hours.**

This form is to be completed to implement the storage, dispensing, student supervision or administration of any medication. The district medication policy more fully describes the objectives and provisions. A copy of the policy can be obtained from Learning Enrichment and Student Services (231-1054).

The school nurse or principal's designee stores the medication in the original/prescription labeled container, in a secure place for the period indicated on the physician's order. **Parents are requested to deliver medication to the school.** Medications not picked up at the end of the school year will be destroyed.

TO BE COMPLETED BY PARENT/GUARDIAN:

Student's Name _____ Birth date _____ School _____ Grade _____

I hereby authorize that a prescribed medication be stored for and administered to my child (name above) as indicated in the physician's order below. If the medication is administered by school staff, I am aware that non-medical staff designated by the building administrator will administer the medication if the school nurse is not available. I hereby release the State College Area School District and all of its employees of and from any and liability in law for damages either I or my child may suffer as a result of this authorization. I give my permission for the school nurse to exchange information with a physician regarding this medication.

Parent/Guardian Signature _____ Home Phone _____ Work Phone _____ Date _____

TO BE COMPLETED BY PHYSICIAN:

Notice: The school district urges physicians to time medication whenever possible so that it can be taken at home under the supervision of the parents. The school district staff will supervise pupils taking medication or administer the medication if failure to take such medication during school hours would jeopardize the health of the student and/or the student would not be able to attend school without it.

IT IS NECESSARY THAT (Student's name) _____ RECEIVE THE FOLLOWING MEDICATION AT THE TIMES STATED BELOW. PLEASE STORE AND ADMINISTER THE FOLLOWING AS DIRECTED BELOW:

Name of Medication	Dosage	Times to be taken
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Route of Administration _____

Student may administer: Yes No

Other Specific Directions _____

Purpose of Medications and/or Diagnosis _____

Side Effects to Watch For _____

Duration of Order _____

Physician (Please Print)	Physician's Signature	Telephone Number	Date
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