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 medicine 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 procedure more fully describes the objectives and provisions. A copy of those procedures 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/guardians are requested to deliver medication to the school. Medications not picked up at the end of the school year will be destroyed.

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TO BE COMPLETED BY PARENT/GUARDIAN:

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 all 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 the physician regarding this medication.

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

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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/guardians. 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 ___________________________

Route of Administration ___________________________

Student may administer: [ ] Yes [ ] No Other Specific Directions ___________________________

Purpose of Medication and/or Diagnosis ___________________________

Side Effects to Watch For ___________________________

Duration of Order ___________________________

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