

PEN ARGYL AREA SCHOOL DISTRICT

AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

The Pen Argyl Area School District requires a physician's/psychiatrist's/dentist's written order and a parent's/legal guardian's authorization to administer medications. Medications must be in the original medication container.

PHYSICIAN'S/ PSYCHIATRIST'S/ DENTIST'S ORDER

_____ STUDENT'S NAME _____ GRADE _____ DATE OF BIRTH _____

The child should receive the following medication during school hours in order to maintain sufficient health and participation in the school program.

CONDITION FOR WHICH MEDICATION IS ADMINISTERED: _____

MEDICATION: _____

DOSAGE: _____ TIME: _____

POSSIBLE SIDE EFFECTS: _____

PHYSICIAN'S/ PSYCHIATRIST'S/ DENTIST'S NAME – PRINTED _____

ADDRESS: _____ PHONE: _____

SIGNATURE OF PHYSICIAN/ PSYCHIATRIST/ DENTIST DATE

AUTHORIZATION BY PARENT/LEGAL GUARDIAN

Name of Child: _____ is requested to receive the above medication during school hours in order to maintain sufficient health and participation in the school program.

We (I) do hereby grant permission for school staff to communicate directly with the physician/ psychiatrist/ dentist named above.

We (I) do hereby release, discharge, and hold harmless, PAASD, its agents, and employees from any and all liability and claims whatsoever in connection with administration of the above medication to my child.

We (I) have read and agree to follow the procedures set forth by the policy and procedure (see other side).

_____ SIGNATURE OF PARENT/LEGAL GUARDIAN	_____ DATE
PHONE: _____	

FOR SCHOOL USE ONLY:

DATE RECEIVED: _____ RECEIVED BY: _____

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Dear Parent/Legal Guardian:

Continued concern for the health and safety of your child in the Pen Argyl Area School District has prompted a change in the medication distribution policy and procedure. If your child needs to take medication in school, prescription or “over-the-counter”, the procedure is as follows:

As a provided service, medication, including over-the-counter medication, will be administered to students in the regular school setting and only in circumstances when the child’s health may be jeopardized without it. **Written authorization**, signed by the physician, psychiatrist, or dentist and the parent or legal guardian must be provided for each separate prescription or medication being administered to each student. If a dosage is changed, a new written authorization from the doctor and parent or guardian is required. Authorization will terminate with the expiration date of the prescription or at the end of the school year, whichever occurs first.

Medication must be delivered to the school nurse by the parent, legal guardian, or authorized adult designee in the original medication container and in an amount not to exceed a 20-school day supply. Students are not to have medication in their possession at any time per school district drug and alcohol policy (except physician authorized self-administered inhalant medications for **high school students only**).

Medication sent to school in violation of this policy will not be administered to a student.

*Over-the-counter: Does not apply to cough drops, but does include aspirin, Tylenol, Ibuprofen, and antacids, etc., in which case a one school year standing order from the child’s personal physician will be accepted.

AS PER THE PEN ARGYL AREA SCHOOL DISTRICT PROCEDURES FOR FIRST AID AND MEDICATION

Persons administering the medication will destroy unused medication not picked up by a parent or guardian within (5) calendar days following the termination date contained in written instruction.

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