

**ABINGTON SCHOOL DISTRICT
Abington, Pennsylvania**

MEDICATION POLICY

When medication, prescription or over-the-counter, is to be administered to a student during the school day, the student or parent must bring to the nurse the following:

1. Written orders from a qualified health care provider giving the name of the drug, dosage, when medication is to be taken, diagnosis and/or the reason that medication is being given.
2. Written permission from the parent or guardian for the school to comply with the health care provider's order.
3. Medication in a container appropriately labeled by the pharmacy or physician and over-the-counter medication in the original container as purchased.

Medication which is not prescribed by a physician may not be administered by school personnel.

MEDICATION PERMISSION FORM

STUDENT: _____ SCHOOL: _____ GRADE: _____

I hereby authorize school personnel to give _____
(student's name)

_____ (name of medication and dose)
as prescribed by Doctor _____. I release school personnel from liability should reactions result from this medication.

I also give my consent that Abington School District Health Services staff can communicate with the above doctor for the benefit of my child.

Date Parent/Guardian Signature

HEALTH CARE PROVIDER'S AUTHORIZATION

I prescribe (medication, dosage and time): _____

to be given to: _____ by school personnel/self-administration during school hours for the reason(s) stated below:

Possible side effects or contraindications: _____

Curtailment of any activities: _____

Inhalers only: Is child authorized to carry and self-medicate? Yes ___ No ___
(Child to report use of inhaler to School Nurse after each use.)

(Date) (Health Care Provider's Signature) (Telephone No.)