

TITUSVILLE AREA SCHOOL DISTRICT

Phone (814) 827-2715 Website: www.gorockets.org

REQUEST FOR ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

School District policy requires that the following procedures be followed:

- A written doctor's order must be obtained for any medication, including over-the-counter medications.
- Parental permission must be provided in writing.
- The medication must be in a properly labeled prescription bottle or original packaging.
- Parents are responsible for bringing the medication to the nurse. Students bringing medication to school is a violation of the Drug and Alcohol Policy.
- Students are not permitted to self-medicate while in school, with the exception of emergency inhalers and epipens. In order to carry asthma or epipen medication, authorization must be completed every school year.
- Medication will not be sent home with a student. Unused medication needs to be picked up by the parent no later than the last day of school. Unclaimed medication will be disposed of.

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| FAX NUMBERS: | High School | 827-0551 | E.C.L.C. | 827-0557 | Pleasantville Elem. | 827-0556 |
| | Middle School | 827-0552 | Main St. Elem | 827-0555 | Hydetown Elem. | 827-0554 |

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Valid for this school year only

To be completed by physician:

Name of Student _____ Grade _____

Name of Medication _____ Dosage _____

Time Medication is to be given _____

****Please Note: Medications will only be dispensed during the school's designated medication time with the exception of asthma, diabetes, severe allergy or emergency medications which will be given as needed.****

For the period from _____ to _____

Special instructions/precautions _____

For Inhalers/Epipens only: Is this student qualified to carry that medication with them at all times and self-administer as prescribed?

_____ YES _____ NO

This medication has been prescribed by me and it is realized that the container must be a clearly labeled bottle from the pharmacy of choice with the name of the medicine, dosage, and time to be given. The parent is responsible for seeing that a supply of medicine gets to the school to be dispensed by the appropriate school personnel. The medication is to be given in school because the medicine must be taken at a time when the child is in school and another time is not feasible.

Physician Signature _____ Date _____
(CRNP or PA Signature also acceptable)

Printed Physician Name _____ Phone # _____

To be completed by parent:

I give my consent for the prescribed medication to be given to my child at school by school personnel and release Titusville Area School District and its' personnel from any liability associated with the administration of this medication. This includes release of any responsibility for the benefits or consequences of the medication and acknowledging that the school entity bears no responsibility for ensuring that the medication is taken.

For Inhalers/Epipens only: I feel that my child is capable of responsibly self-administering and storing this medication and request permission that he/she be granted this privilege.

_____ YES _____ NO

Parent/Guardian Signature _____ Date _____

Principal Signature _____ Date _____