

PERKIOMEN VALLEY SCHOOL DISTRICT
PROCEDURE FOR ADMINISTRATION OF MEDICATION

Dear Parent/Guardian:

According to the State Health Code, including the State Board of Nurse Examiners, the school nurse **may not administer** any medication **without a written order** from your child's physician indicating the name of the medication, the dosage, the reason it is being given, and the time to administer it in school. **This includes over-the-counter, non-prescription medication as well as prescription medication. Your signature is also required.** Permission slips must be completed each year. **Medication must be brought to school by the parent/guardian in its original container,** clearly labeled with child's name, name of medication, amount of dosage and time to be given along with this completed form.

After you and your physician complete the **Permit to Administer Medication** form, the school nurse will be glad to administer medication following the Pennsylvania State regulations and district procedures. **Phone permission is not acceptable.** Thank you for your cooperation in this important matter.

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PERMIT TO ADMINISTER MEDICATION
(Signed permit good for current school year)

Student Name: _____ Date of Birth: _____

Grade _____ Room/Section: _____

Any form that requires a physician's signature is considered a medical order. Only your physician may complete the treatment prescription portion of this form.

Name of Medication: _____

Amount to be given: _____ Dates to be given: _____

Time to be given/ prn frequency: _____ Reason for medication: _____

Side effects of medication: _____

Any necessary emergency response: _____

Printed Name of Physician

Signature of Physician (stamp not accepted)

Physician's Phone Number

Date

Signature of Parent/Guardian

Phone Number

Date