

GREENVILLE AREA SCHOOL DISTRICT

MEDICATION FORM FOR ADMINISTERING PRESCRIPTIVE AND NON-PRESCRIPTIVE MEDICATIONS TO STUDENTS

The Greenville School District recognizes that parents have the primary responsibility for the health of their children. Although, the district strongly recommends that medication be given at home, it realized that the health of some children requires that they receive medication while in school. When prescriptive or non-prescriptive medication (Tylenol, Ibuprofen, etc) must be given during school hours, certain procedures must be followed.

Instructions: To the nurse of school district designee for the medications or treatment required during the school day:

SECTION I

Name of Student: _____ Home Phone: _____

School: Greenville High School Grade: _____ Teacher: _____

SECTION II

To be completed by the physician and parent for any medication given at school (prescriptive or non-prescriptive).

Name of Medication or Nature of Treatment: _____

Dosage: _____ Time of Dosage: _____

Purpose of mediation/treatment: _____

Date medication/treatment to begin: _____ Date ceases: _____

Does the medication require refrigeration? (Circle one) Yes No

Special Instruction (if any): _____

Procedure to follow if a reaction should occur: _____

Person to contact: _____ Phone: _____

Please return this form with the medication to Greenville Area High School –Fax: 724-588-4397

Physician's Signature: _____ **Date:** _____

I hereby authorize the medication/treatment listed above to be administered to my child. Furthermore, I release the Greenville School District and its employees from liability claims which may be brought as a result of district employees carrying out their assigned duties in good faith. I hereby certify the information provided to the medical staff of the Greenville Area School District concerning the administration of the medication to the above student is true and correct.

Parent's Signature: _____ **Date:** _____

GREENVILLE AREA SCHOOL DISTRICT
9 DONATION ROAD
GREENVILLE, PA. 16125

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION FORM

The Greenville School District recognizes that parents have the primary responsibility for the health of their children. Although, the district strongly recommends that medication be given at home, it realizes that the health of some children requires that they receive medication while at school. When prescriptive or over-counter-medication absolutely must be given during school hours, certain procedures must be followed. The attached form must be completed by the physician and parent and accompany the medication. A new medication form must be completed for each school year.

1. *Written instructions, signed by the parent or guardian and a physician as required will include:*

SECTION I: IS TO BE COMPLETED BY THE PARENT

- a. Child's name
- b. Home phone number
- c. School building
- d. Student's grade
- e. Student's homeroom

SECTION II: IS TO BE COMPLETED BY THE PARENT AND PHYSICIAN FOR ANY MEDICATION GIVEN AT SCHOOL -
PRESCRIPTIVE OR NON-PRESCRIPTIVE

- a. Name of medication or nature of treatment
- b. Diagnosis/condition
- c. Purpose of medication/treatment
- d. Time to be administered
- e. Dosage with any specific instructions
- f. Possible side effects
- g. Allergies
- h. Procedure to follow if reaction should occur
- i. Termination date for administering medication/treatment
- j. Signature and address of physician with date of signature
- k. Signature of parent with the date of signature

1. *The school nurse or school district designee will:*

- a. Inform his/her supervisor and the teacher of the medication/treatment
- b. Keep a record of the administration of the medication/treatment
- c. Keep medication in a locked cabinet
- d. Return unused medication to ONLY the parent or guardian

2. *The parent or guardian will:*

- a. Ensure that the medication is delivered by the parent, guardian, or responsible adult. **CHILDREN ARE NOT PERMITTED TO BRING MEDICATION WITH THEM TO SCHOOL OR ON THE BUS.** In the absence of the nurse the medication will be given to the secretary or teacher.
- b. Send the medication in a labeled container from the pharmacy if it is a prescriptive medication. The prescribed medication must be accompanied by the medication form completed by the physician and parent. This label should contain the following information:
 1. Date and student's name
 2. Doctor's name and address
 3. Name of medication, dosage time and how it is to be stored
- c. If the medication is non-prescriptive (over-the-counter) - the medication must be in its original container with the original label accompanied by the medication form completed by the physician and parent.
- d. The parent or guardian will assume responsibility for informing the school nurse or school district designee of any change in the child's health or change in medication/treatment. A new form is required with each change in medication/treatment.