



Jon William Pollard, Ed. D.
Superintendent

Dear Parent/Guardian,

This letter is to inform you of important updates to our district's medication administration procedures, which will go into effect on Monday, August 25, 2025.

The updated procedures have been implemented to ensure the safety and well-being of all students and to ensure that all medications- **BOTH PRESCRIPTION AND OVER-THE-COUNTER**- are administered in accordance with current medical standards and state regulations.

Summary of School Medication Administration Procedures:

1. **Written Authorization Required:** A completed "Medication Administration Consent & Medication Order Form" must be signed by **BOTH** a parent/guardian **AND** a licensed healthcare provider. This form must be submitted for ANY medication to be administered at school, including both prescription medications (EpiPens, inhalers, seizure medication, antibiotics, etc.) and over-the-counter medications such as Tylenol or Motrin. A copy of the form is attached to this letter. Additional copies can be found on the district website.
2. **Original Packaging:** All medication must be delivered to the school nurse in original, unopened, labeled packaging by a parent or guardian. *Students may not transport medications to or from school.*
3. **No Stock Medication:** The school will not provide stock over-the-counter medications. If your child may need items such as Tylenol or Motrin during the school day, you will need to provide the nurse with the appropriate documentation (Medication Administration Consent & Medication Order Form) **AND** the medication.
4. **Self-Carry Restrictions:** Students are NOT permitted to self-care medication, except in cases where a healthcare provider has authorized it in writing (example: inhaler or EpiPen) *and* it has been approved by the school nurse.

We understand that changes to establish new routines can be challenging, but please know that these procedures are in place to protect your child's health and ensure appropriate care is given during the school day.

Thank you for your cooperation and understanding as we work together to support the health and safety of all students. Should you have any questions or concerns, please contact your child's school nurse.

Secondary Center: Nicole Biago	570-655-2836 ext 2343	nbiago@wyomingarea.org
Intermediate Center: Melanie Seltzer	570-654-1404	mseltzer@wyomingarea.org
Primary Center: Marjorie Glatz	570-693-1914	mglatz@wyomingarea.org
Kindergarten Center: Christine Wagner	570-655-2146	chwagner@wyomingarea.org

Kindergarten Center
50 Penn Avenue
Exeter, PA 18643
570-655-2146

Primary Center
55 10th Street
Wyoming, PA 18644
570-693-1914

Intermediate Center
100 Montgomery Avenue
West Pittston, PA 18643
570-654-1404

Secondary Center
252 Memorial Street
Exeter, PA 18643
570-655-2836



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MEDICATION ADMINISTRATION CONSENT & MEDICATION ORDER FORM WYOMING AREA SCHOOL DISTRICT

In accordance with school policy, medication(s) should be given at home before and/or after school. When this is not possible, each student must provide the school nurse with a "Medication Administration Consent & Medication Order Form" signed by both the student's parent/guardian and a licensed prescriber.

This form is to be used for ALL medications including both prescription and over the counter medications such as Tylenol or Motrin.

The parent/guardian is responsible for providing the medication prescribed below to the school. The medication must be in the original (unopened) bottle and labeled appropriately from the pharmacy if applicable. Please remember that students are not permitted to transport medications to or from school.

Parent/Guardian Consent:

I give permission for my child, _____, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by the school health personnel according to my child's licensed prescriber's directions. Additionally, this authorization specifically releases the Wyoming Area School District and all of its agents and employees from any and all liability and claims whatsoever arising from the administration of the above medication to my child.

Parent/Guardian:

Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

Licensed Prescriber Medication Order:

Patient (Student) Name: _____

Allergies: _____

Name of Medication: _____

Route and Dosage: _____

Time of Administration: _____

Purpose of Medication: _____

Directions: _____

Start Date: _____ End Date: _____

Licensed Prescriber:

Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

Any questions or concerns please contact the school nurse:

Secondary Center: PHONE: 570-655-2836 x234 FAX: 570-602-0585

Intermediate Center: PHONE: 570-654-1404 FAX: 570-602-0555

Primary Center: PHONE: 570-693-1914 FAX: 570-613-0298

Kindergarten Center: PHONE: 570-655-2146 FAX: 570-602-0555

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