

CONRAD WEISER AREA SCHOOL DISTRICT
44 Big Spring Road, Robesonia, PA 19551

MEDICATION PERMISSION FORM
(Prescription and Over-the-Counter Medications)

Student's Name: _____ Date of Birth _____

Grade/ Homeroom: _____ Allergies: _____

Name of medication: _____ Route: _____

Dosage: _____ Time to be given: _____

Reason for medication: _____

Possible side effects and emergency response: _____

Physician's Name: _____ Phone number: _____

Physician's signature: _____ Date: _____

I request that the nursing personnel of Conrad Weiser Area School District administer the above named medication as prescribed by my child's physician.

Parent's signature: _____ Date: _____

Medication must be brought to the school nurse in the original container. This includes inhalers and Epi-pens. Most pharmacies will provide you with an extra bottle for school upon your request. All medication will be counted when the nurse receives it for safety and security reasons.

FOR STUDENTS WITH ASTHMA OR SEVERE ALLERGY:

To carry an inhaler or Epi-pen, the child must demonstrate responsible behavior and **notify the school nurse immediately** following self-administration of these medications. The purpose of this policy is to ensure immediate access to these medications in an emergency. Students must report to the nurse's office for routine administration of medications.

I give permission for this child to self- administer an (circle one) inhaler/Epi-pen. He/She has received instruction and has demonstrated correct technique in administration.

NOTE: Students that have permission on file to carry inhaler/epi-pen should carry it with them at all times including any off- campus school sponsored activities or trips.

Physician's signature: _____ Date: _____

Parent's signature: _____ Date: _____

CONRAD WEISER AREA SCHOOL DISTRICT
SCHOOL HEALTH SERVICES

2016-2017 School Year

PARENT NOTIFICATION OF MEDICATION POLICY

In accordance with school district procedural guidelines and Pennsylvania State laws, please follow the procedure listed below when it is necessary for your child to take medication during the school day:

1. Please complete the **Medication Permission Form** (for both prescription AND over-the-counter medications). This form requires PARENT and PHYSICIAN signature. Additional copies are available in the nurse's office and on the district website.

**** MEDICATION CANNOT BE GIVEN WITHOUT PARENT AND
PHYSICIAN SIGNATURE ****

2. Medications must be delivered to the school nurse in the **ORIGINAL CONTAINER**, labeled with the student's name. **This includes inhalers and Epi-pens.**
3. **Students are not permitted to carry any medication, prescription or non-prescription on their person** (with the exception of permission to carry inhalers or Epi-pen, see #4).
4. The Medication Permission Form must also be completed for students who carry **inhalers and/or Epi-pens. Students who carry either medication must have the top and bottom half of the form completed with the parent and physician signatures.**

To contact the School Nurses for your student:

CW East Elem.	CW West Elem.	CW Middle School	CW High School
PHONE	PHONE	PHONE	PHONE
(610)-678-9901	(610)589-2501	(610)693-8560	(610)693-8524
FAX	FAX	FAX	FAX
(610) 678-9239	(610)589-9409	(610)693-8543	(610) 693-8511

(reviewed 3/15)