

Dear Parent or Guardian,

Northumberland Christian School has a responsibility to cooperate with parents and physicians when it is necessary for students to take medication during the time they are involved in school activities.

In accordance with the recommendations of the Pennsylvania Department of Health, students will be given prescription medication only on the direct written order of a physician.

The student, a parent, guardian, or responsible adult who is acting on behalf of the student, should bring the medication in its original container and the properly completed form (on the back of this form) to the school office. The medicine will be given to the student by the school nurse or an individual designated by the principal. At the end of the designated time period, which shall be set by the physician, all unused medication will be returned or destroyed after notifying the parent or guardian.

**This form must be completed by the parent or guardian before any prescription or over-the-counter medication will be administered.** The following information must be filled-in on the form:

1. Name of student
2. Name of medication
3. Dosage and time medication is to be given
4. Name and telephone number of physician and pharmacy (if prescription medication)
5. Signature of parent or guardian
6. Signature of physician (if prescription medication)

and the prescription number and date must be on the bottle label. The bottle must be the one in which the medication was originally purchased.

If the above six items are not complied with, the employee will refuse to honor the request to dispense the medication.

It is anticipated that administering medicine during school hours will be the exception rather than the rule.

Please fill out one form for each child in a family (this is a new procedure) because we need to file the original form in the student's permanent records.

Thank you,  
Northumberland Christian School

# PARENTAL REQUEST ALLOWING IN-SCHOOL MEDICATION TREATMENT

I request the school to see that my child receives the medication I have supplied.

- Prescription Medication:** I understand that prescription medication must be given from the container in which it was purchased. The name of the student, the name of the medication, the dosage, the times to be administered, the pharmacy, and the physician's name must be printed on the container. I will obtain information from the physician concerning my child for the nurse or designee to follow. The nurse has permission to contact the physician if there are medical concerns about my child.
- Over-the-Counter Medication:** I understand that over-the-counter medication (such as aspirin, NSAIDs, antacids, cough medication, throat lozenges, etc.) must be provided by the parent, in the original container, and must be accompanied with parent instruction for administration (use the form below – ignore the prescription medication questions).

**No medication will be administered without the completion of this form and signature of the parent or guardian.**

I give permission to the school nurse or designee to administer the medication I have provided, as instructed on the medication container, and as prescribed from the physician.

Name of student \_\_\_\_\_  
Name of medication \_\_\_\_\_  
Dosage to be given \_\_\_\_\_ Time(s) to be given \_\_\_\_\_  
Name and telephone number of physician \_\_\_\_\_  
Name and telephone number of pharmacy \_\_\_\_\_  
Prescription number \_\_\_\_\_ Date on bottle \_\_\_\_\_  
Length of time medication is to be given from \_\_\_\_\_ to \_\_\_\_\_ (dates)  
Condition for which the medication is needed \_\_\_\_\_  
\_\_\_\_\_  
Side effects \_\_\_\_\_  
\_\_\_\_\_  
If side effects, plan of action \_\_\_\_\_  
\_\_\_\_\_

I do hereby release, discharge, and hold harmless, Northumberland Christian School, its staff and employees from any and all liability and claim whatsoever for the administration of the above medication to my child should there develop a reaction from the medication.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent/Guardian)

Signature \_\_\_\_\_  
(Attending Physician)

Comments by Physician: