

**SOUTH MIDDLETON SCHOOL DISTRICT  
OFFICE OF SCHOOL NURSE**

1. **A PHYSICIAN'S ORDER AND PARENT'S SIGNATURE** are required before any medication will be administered to any student attending South Middleton School District. This includes both prescription and over-the-counter medications. For your convenience, please use the attached form for this purpose. This form must accompany any medication coming to school. If you currently have this documentation on file in the nurse's office, it will not be necessary to complete this form at this time. Should your child's prescription change, please submit the changes on the new form.
2. **PARENTS/GUARDIANS ARE REQUIRED TO BRING ALL MEDICATIONS TO SCHOOL** and deliver to the nurse, principal, or principal's designee in each respective building. For long term medications, no more than a four (4) week supply shall be kept at school. Students are not permitted to carry medication on the bus or otherwise.
3. **MEDICATION MUST BE IN A PRESCRIPTION BOTTLE** with a current pharmacy label including date and student name. (Please ask the pharmacist to make an extra labeled bottle when you have the prescription filled). Non-prescription medication should be kept in the original container.
4. **THE STUDENT IS TO TAKE THE MEDICATION IN THE PRESENCE OF THE NURSE ADMINISTERING THE MEDICATION**
5. **IT IS PREFERRED THAT ALL MEDICINES BE GIVEN AT HOME.** Medication to be given three times a day may be given before school, immediately after school, and at bedtime, unless otherwise specified by the physician.

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**TO BE COMPLETED BY PARENT/GUARDIAN  
MEDICATION FORM**

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
PARENT/GUARDIAN \_\_\_\_\_

TO AUTHORIZED SCHOOL PERSONNEL:

I hereby request and authorize you to give \_\_\_\_\_  
(Medication and Dose)  
as prescribed by Doctor \_\_\_\_\_, and I release school personnel from liability should reactions result from medications or from my child self administering his/her asthma inhaler or Epi-Pen for anaphylaxis.

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

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**TO BE COMPLETED BY PHYSICIAN**

TO AUTHORIZED SCHOOL PERSONNEL:

I prescribe \_\_\_\_\_  
(Drug and Dosage or Amount, Times to be Given & Duration)  
to be given to: \_\_\_\_\_ by school personnel during school hours for reasons  
stated: \_\_\_\_\_.  
Possible side effects include: \_\_\_\_\_.

\_\_\_\_\_ Student may self-carry inhaler or Epi-pen.

*Nurses cannot delegate medication administration to a non-licensed person. A nurse will not be participating on all field trips. Therefore, please initial the following:*

\_\_\_\_\_ Omit medication dose on field trip with parent permission      \_\_\_\_\_ May administer medication late when student returns from the field trip

\_\_\_\_\_ Date

\_\_\_\_\_ Physician's Signature & Telephone Number

To: Parents of students on medication

From: Office of the School Nurse

RE: Questions regarding medication administration

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Please stress to your child, it is their responsibility to report to the nurse's office for medications. We will work together to see this is accomplished.

- All medications must be delivered to the nurse's office by an adult.
- The medication cannot be administered unless there is a physician's order /prescription and the medication is in a pharmacy labeled bottle.
- All over-the-counter medication prescribed by your physician must also have a physician order/prescription and the medication must be in the original container.
- Students must have a parent and doctor permission form on file to carry their Asthma Inhaler or Epi-pen for anaphylaxis in school. This order must be renewed yearly.

Nurses cannot delegate medication administration to a non-licensed person. A nurse will not be participating on all field trips. Therefore, **please initial the following**:

\_\_\_\_\_ Omit the medication dose on field trip.

\_\_\_\_\_ May administer medication late when student returns from the field trip.

\_\_\_\_\_ The parent/guardian acknowledges the school/ nurse are not responsible for ensuring the Inhaler or Epi-pen are **self-administered** and relieve the District and its employees of responsibility for the benefits or consequences of the prescribed medication while student is self-administering.

Throughout the year, we may have **early dismissals**. On these days lunches may be scheduled earlier.

\_\_\_\_\_ I want my child to receive medication on early dismissal days.

\_\_\_\_\_ I do not want my child to receive medication on early dismissal days.

\_\_\_\_\_ Leave the decision up to my child (High School Option Only).

On the occasion that we have a **2-hour delay**, your child will receive medication at regular time unless the parent notifies the school nurse.

\_\_\_\_\_ I do not want my child to receive medication on 2-hour delay days.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_