

Administration Building	2000 Ashbourne Road - Elkins Park, PA 19027-1100 215.886.9500 Fax: 215.884.3029 Wagner Marseille, Ed.D., Superintendent Tamara Thomas Smith, Ed.D., Assistant Superintendent
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Medication Administration Physician Order / Parent-Guardian Consent

Student Name: _____ **Date:/Time:** _____
School: _____ **Teacher/Grade:** _____

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, each student must provide the school nurse with a Medication Administration Consent form signed by the student's parent/guardian and a Medication Order from a licensed prescriber. Medications must be in the original prescription bottle/container from a pharmacy. All medications must be delivered in person by the student's parent/guardian, per School Board policy 210.

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 school health personnel according to my child's licensed prescriber's directions.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed: _____ Phone: _____

Licensed Prescriber Medication Order:

Patient's Name: _____ Date: _____

Name of medication: _____

Route & dosage: _____ Time of administration: _____

Directions: _____

Discontinuation date: _____

Allergies: _____

Licensed Prescriber signature: _____

Licensed Prescriber name printed: _____ Phone: _____