

Western Beaver County School District

Authorization for Medication During School Hours

Student's Full Name: _____ may receive the following medication during school hours. It is our policy to request that medication be given before or after school hours whenever possible. Schedule II medications such as Ritalin, Adderall, etc must be brought to the school by the parent /guardian or other adult. Schedule II medications may not be transported by any student. Please review medication policy in the student handbook.

Medication forms are available from the Nursing Department and online.

HEALTH CARE PROVIDER (MD/NP/PA):

Name of medication: _____ Dose: _____

Time to be given: _____ Prescriber Name: _____

Route of administration: (oral , IM, etc) _____

Duration of medication: _____

Reason for medication: _____

Special instructions: _____

Does medication need refrigeration? _____

Is there any curtailment of specific student activity? Explain _____

Possible side effects and contraindications: _____

Procedure to follow if a reaction should occur: _____

Other medications (prescription and OTC) that the student is taking: _____

Provider Name: _____ Signature: _____

Date: _____ Phone Number: _____

******FIELD TRIP PROVISION: Medication time may be adjusted by _____ hours. ******

PARENTS/GUARDIANS:

I give permission for a staff member/ teacher to administer my child's emergency medication if he/she goes on a field trip.(Please note only albuterol inhalers and epi pens are sent to treat emergency situations.)

I hereby authorize that the above medication is to be administered as stated above to my child or ward by a school nurse or designated person in their absence.

I release the Western Beaver County School District and its employees from any liability for the administration of the above medication.

I understand that all medication must be in a labeled bottle and that I must transport medications to the school.

Parent/guardian: _____ Signature: _____ Phone: _____

Early Dismissal Plan: Hold _____ Give _____ medication

(Please call if we have a school delay to let us know when medication was given at home.)

