

Southern Lehigh School District

School Health Service
5775 Main Street, Center Valley, PA 18034

Authorization for Medication during School Hours

Current School Year _____ Grade: _____

If your student must receive medication during school hours and you cannot come to school to administer the medication, the following steps must be followed:

- All medication must be brought to school by the parent/guardian in its original prescribed container and/or package and must be given to the nurse, principal or authorized personnel.
- This form must be completed/signed by the physician and signed by a parent or guardian for ALL medications (one medication per form). *This includes both prescription and over the counter medication(s).*
- This form is only valid for the current academic school year.
- A new form dated after July 1 must be completed for each medication prescribed each year.

The school will hold the medication in the health suite. It will be the student's responsibility to report to the nurse at the correct time.

The prescribing physician must complete the following:

Student's Full Name _____ D.O.B. _____

Diagnosis _____

Medication Prescribed _____

Prescribed Dosage _____

Time Schedule _____

Doctor's Name (please print) _____

Expected Duration _____

Any Special Circumstances _____

Is this medication required to be taken while on a Field Trip ____ YES ____ NO _____ Dr. Initials

EMERGENCY MEDICATIONS INHALER

Student is able to carry inhaler ____ YES ____ NO and self-administer inhaler ____ YES ____ NO ____ Dr. Initials

EPI AUTO INJECTOR

Student is able to carry EPI Auto Injector ____ YES ____ NO and self-administer EPI Auto Injector ____ YES ____ NO ____ Dr. Initials

THESE EMERGENCY MEDICATIONS WILL AUTOMATICALLY BE SENT ON A FIELD TRIP

I certify that it is imperative that the medication prescribed above be taken during school hours. Failure to take such medication would jeopardize the health of the student or would prevent the student from attending school.

We/I do hereby release, discharge and hold harmless, the Southern Lehigh School District, its agents and employees, from any and all liability and claim of whatsoever nature for the administration of the above medication to my child and for any and all injuries resulting there from.

Physician's Signature

Date

Signature of Parent/Guardian

Date

FOR DISTRICT USE ONLY: Carry procedures reviewed with parent/student and signed: _____ Date _____ nurse initials

Student demonstrated proper use of medication: ____ Yes ____ No _____ Date _____ nurse initials

STUDENT ABLE TO CARRY ____ Yes ____ No _____ Date _____ nurse initials