



Renaissance Academy

413 Fairview Street, Phoenixville, PA 19460
Phone: 610-983-4080 Fax: 610-983-4096

Administration of Medication

Student Name _____ DOB _____

School / Grade _____ School Year _____

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, this form must be **completed and signed by parent and physician**. Separate form required for each medication. New form and signatures required each school year. **All medications must be in original, labeled container and delivered by an adult to the school nurse.**

Prescriber's Authorization

Medication _____ Dose _____ Route _____

Time/frequency of administration(while at school) _____

Dates of administration (start) _____ (discontinue) _____

Condition requiring this medication _____ Allergies _____

Relevant side effects _____

*Can medication be withheld on a field trip? **YES** or **NO**

*How many hours can administration of this medication be safely delayed due to a 2-hour delay or a field trip? _____

PRESCRIBER'S SIGNATURE _____ Date _____

Prescriber's Name/Title (print) _____ Phone _____

Parent / Guardian Authorization

I give my permission for my child, _____, to receive the above 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 (print) _____ Phone _____

Authorization for Self-Carry/Self-Administration of Epinephrine and Inhalers (Grades 5-12 only –exceptions may apply at School Nurse discretion)

By signing below, I represent that the above-referenced student is qualified and is able to self-carry and self-administer the above-referenced medication(s) as per MD order, and has permission to do so, for the duration of the school year. I also authorize that the student has been instructed in and has demonstrated proper use and handling of his/her medication.

PRESCRIBER'S SIGNATURE _____ Date _____

Parent/Guardian Signature _____ Date _____

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A parent/guardian or a responsible adult designated by the parent/guardian should deliver all medications to the school. The medication must be in the original over-the-counter or pharmacy labeled bottle. Prescription medication labels must contain:

- Name, address, telephone number and Federal DEA (Drug Enforcement Administration) number of the pharmacy
- Patient name
- *Directions for use (dosage, frequency and time of administration, route, any special instructions)
- *Name and registration number of the licensed prescriber
- *Prescription serial number
- Date originally filled
- Name of medication and amount dispensed
- Controlled substance statement, if applicable

Medications in plastic bags or containers other than their original pharmacy container are NOT acceptable.

At the end of each school year, a parent/guardian or a responsible adult designated by the parent/guardian should pick up all unused medications.

Medication should be scheduled around school hours if possible. Medication orders are required from a physician for prescription and over-the-counter medicine, as well as herbal remedies. The order from the physician must include:

- Student's name
- *Name, signature, and phone number of the licensed prescriber
- *Name of medication
- *Route and dosage of medication
- *Frequency and time of medication administration
- *Date of the order and discontinuation date
- *Specific directions for administration if necessary

*****A new prescription is needed EVERY school year for medicine that is taken on a long term basis. Physicians' orders do not carry over from one school year to the next. They are good for one school year and summer only.**

Self-Carry / Self-Administration additional information: Students shall be prohibited from sharing, giving, selling, and using an asthma inhaler or epinephrine auto-injector in any manner other than which it is prescribed during school hours, at any time while on school property, at any school-sponsored activity, and during the time spent traveling to and from school and school sponsored activities. Violations of this policy shall result in loss of privilege to self-carry the asthma inhaler or epinephrine auto-injector and disciplinary action in accordance with Board policy. An Asthma Action Plan or Allergy Action Plan is required to accompany this order.