



# 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 \_\_\_\_\_

Dates of administration (start) \_\_\_\_\_ (discontinue) \_\_\_\_\_

Condition requiring this medication \_\_\_\_\_ Allergies \_\_\_\_\_

Relevant side effects \_\_\_\_\_

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

\*Can medication be administered late for 2 hour delay? **YES** or **NO**

**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 \_\_\_\_\_

## Administration of Medication

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.