

UNIFORM GUIDELINES FOR THE ADMINISTRATION
OF MEDICATION DURING SCHOOL HOURS

The Mount Carmel Area School District recognizes that parents have the primary responsibility for the health of their children. Although the district strongly recommends that medication be given in the home, we realize that the health of some children requires that they receive medication while in school.

Parents should confer with the child's physician to arrange medication time intervals to avoid school hours whenever possible. When medications absolutely must be given during hours, certain procedures must be followed:

1. The physician must complete and sign Section 1 of this form.
2. The parents must complete and sign Section 2 of this form.
3. Any medication to be given during school hours must be delivered directly to the school Nurse, the school Principal, or his designee. The medication must be brought to school in the original pharmaceutically dispensed and properly labeled container. The physician must complete Section 1 and the parent must complete Section 2 before medication/treatment can be administered.

Section 1 (To be completed by physician)

1. Student's Name _____
2. Diagnosis _____
3. Type of medication /treatment, dosage or times to be performed _____
4. Possible side effects or curtailment of specific school activities _____
5. For Inhaled Medications:

_____ I have instructed this student in the proper way to use his/her medications. It is my professional opinion that this student should be allowed to carry and use medication by him/her self.

_____ It is my professional opinion that this student should not carry his/her inhaled medication by him/her self.

(DATE)

(PHYSICIAN'S SIGNATURE)

(PHONE #)

Section 2 (To be completed by parent)

I, the undersigned parent of the above-mentioned child, hereby give permission for the school nurse or her designee to perform the treatment and/or administer the medication indicated above. I will not hold any person or group liable if the directions of the doctor are followed, and hereby release the Mt. Carmel Area School District from any liability arising out of providing the treatment and/or administering the medication indicated. I also give the school nurse my permission to contact the prescribing physician if necessary to clarify questions concerning this treatment and/or medication.

Please note time to be given _____
and any additional parental _____
instructions. _____

Parent's Signature _____ Date _____

NO MEDICATION/TREATMENT WILL BE ADMINISTERED UNLESS THIS PROCEDURE IS FOLLOWED. THANK YOU