MEDICATION ADMINISTRATION CONSENT AND LICENSED PRESCRIBER ORDER York Suburban School Board Policy On Issuing Medication to Students

To Parents/Guardians:

The York Suburban School District recognizes that parents have the primary responsibility for the health of their children. It is school policy to request that medication be given before or after school hours whenever possible. If it is essential that the student receive any medication during school hours, the following must be completed or medication cannot be administered.

TO BE COMPLETED BY PHYSICIAN

Student Name:	Grade/Hon	Grade/Homeroom:			
Name of Medication:	Dose:	Tīme gi	iven:		
Length of time to be given:					
Diagnosis/reason for taking medicine:					
Possible side effects:					
Cessation/adaptation of specific school activi (sports/shop/lab/driver's ed., etc.) Emergency response to be utilized in case of	ty:		-		
Physician's Signature:	Phone	à:	Date:		
TO BE CO I give my permission for the school health pe hours. I understand that the medications will	MPLETED BY PARENT/G rsonnel to administer th be given according to th	e above medica	tion to my child o	during school	
Parent Signature:		Date:			

Parents, please be aware of the following:

- 1. Parents are requested to bring medication to school.
- 2. Medication must be in its original container labeled by pharmacy.
- 3. Students are not allowed to carry any medication with them without written permission from a physician. If your child needs to carry an inhaler or EpiPen, for example, please complete the "Permission for Self-Administration" medication form.
- 4. Medication left at school at the end of the year or after doctor's order indicates will be discarded after a reasonable time.

REMINDER: The school nurse will not be available before school and after dismissal.