

EASTON ARTS ACADEMY

AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS PROCEDURE

Dear Parents/Guardians:

We urge parents to refrain from bringing prescription and over-the-counter (OTC) medications to school unless it is absolutely necessary during school hours. If unavoidable, we **MUST** have the proper Authorization For Medication During School Hours form completed and signed by both the parent/guardian and physician, or medication will not be given. The Pennsylvania Nurse Practice Act forbids the administration of medication by RNs and LPNs without direct authorization from a licensed physician. If your child must take medication at school, the procedure is as follows:

1. An Authorization For Medication During School Hours form is required from the family physician, which shall indicate the necessity of the medication(s) being given to the child during school hours, the name of the medication, the time it is to be given, the dose, and possible reaction(s), if any. This must be done for all prescription, over-the-counter (OTC) medications/remedies, herbal or homeopathic supplements, oils, and/or vitamins.
2. The Authorization For Medication During School Hours form and written statements from physicians are only good for one school year. If the dose or time of the medication changes during the school year, a new form will be required. Forms are available in the nurse's office.
3. Medication is to be brought to school by a parent/guardian in the original pharmacy container and delivered to the school nurse. The container must be labeled with the student's full name, name of physician, dosage of medication to be given, and time when it is to be given. If this procedure is not followed, the medication will not be given. **Do not send medication to school with your child. If your child brings medication to school, it will not be given.**
4. The first dose of any new medication will not be given in school for your child's safety. If this procedure is not followed, the medication will not be given.
5. Students are expected to come to the health room to take their medication at the required time.
6. **A nurse will not be attending any field trips.** If your child needs medical attention during a field trip, teachers and chaperones will care for the child and emergency services will be called if necessary. If any medications are needed during this time, please make arrangements for a parent/guardian to chaperone, so that they may administer the medication themselves.
7. All student medication remaining in the health room at the end of the school year must be picked up by the parent/guardian. If this procedure is not followed, any remaining medication will be discarded.

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To: School Nurse

Date: _____

My child, _____, must receive the following prescribed medication during school hours in order to maintain sufficient health to participate in the school program. I will provide the medication in an appropriately labeled, original pharmacy container, as well as all over-the-counter (OTC) medication my physician has ordered.

Name of medication: _____

Prescribed dosage: _____

Time schedule: _____

Physician name (please print): _____

Physician telephone number: _____

List of side effects of medication: _____

Diagnosis and necessity of medication during school hours: _____

Expected duration of medication regime: _____

The student is excused from these activities while taking this medication:

Physical Education: _____ Other: _____

PHYSICIAN SIGNATURE: _____

As the parent/guardian, I do hereby release, discharge, and hold harmless, Easton Arts Academy and its agents and employees, from any and all liability and claims whatsoever in connection with the administration of the above medication to my child.

PARENT/GUARDIAN SIGNATURE: _____

The student may carry his/her rescue **inhaler / Epi-Pen and has demonstrated that he/she can properly self-administer and accepts full responsibility for the administration of his/her emergency medication.

Prescriber/Physician: _____ Date: _____

Parent/Guardian: _____ Date: _____