## PERKIOMEN VALLEY SCHOOL DISTRICT PROCEDURE FOR ADMINISTRATION OF MEDICATION

Dear Parent/Guardian:

According to the State Health Code, including the State Board of Nurse Examiners, the school nurse <u>may not administer</u> any medication <u>without a written order</u> from your child's physician indicating the name of the medication, the dosage, the reason it is being given, and the time to administer it in school. <u>This includes over-the-counter, non-prescription medication</u> <u>as well as prescription medication</u>. <u>Your signature is also required.</u> Permission slips must be completed each year.

In order for the school nurse to administer medications, the Perkiomen Valley School District requests that you ask your physician to complete the enclosed form. In the event your child needs medications, fill in the name of the medications on the enclosed form and ask your physician to sign it. Please have your child return the form to the school nurse. **Medication must be brought to school by the parent/guardian in its original container**, clearly labeled with child's name, name of medication, amount of dosage and time to be given.

After you and your physician complete the <u>Permit to Administer Medication</u> form, the school nurse will be glad to administer medication following the Pennsylvania State regulations. **Phone permission is not acceptable.** Thank you for your cooperation in this important matter.

Those permission is not acceptable.

## **PERMIT TO ADMINISTER MEDICATIONS**

(Signed permit good for current school year)

Student Name:	Room/Section:	
Name of Medication:		
Amount to be Given:	Dates to be Given:	
Time to be Given:	Reason for Medication:	
Side effects of medication:		
Any necessary emergency response:		
Signature of Physician	Phone Number	Date
Signature of Parent/Guardian	Phone Number	Date