

CONNELLSVILLE AREA SCHOOL DISTRICT

AUTHORIZATION FOR USE OF MEDICATION DURING SCHOOL HOURS

TO: _____ DATE: _____
Full Name of Building Principal

Please permit _____ to take the following medication, according to the instructions of the physician of record as indicated below, during school hours in order to maintain sufficient health to participate in the school program.

Name of Medication _____
Prescribed Dosage and Time Schedule _____
Length of Time: _____ days, _____ months, _____ indefinitely
Diagnosis _____
Possible Side Effects _____

For Inhaler and Epi-Pen Medication Only

****Physician must initial one of the following:**

_____ It has been determined that this student is able to self-administer and carry inhalant medication or Epi-Pen and has been trained in it's use including knowing when the medication is to be used.

_____ This student should not self-administer inhalant medication or Epi-Pen.

Physician: Please note any necessary emergency response to be taken should an adverse reaction to inhalant medication occur. _____

Physician's Signature: _____ Date: _____
Physician's Name (Printed): _____
Address: _____
Telephone Number: _____

TO PARENTS:

I understand that:

- no medication will be administered without proper authorization.
- any change in medication, dosage, etc. requires new authorization.
- all medications should be turned in to the office/school nurse by the parent.

I do hereby release, discharge, and hold harmless the Connellsville Area School District, it's agents and employees, from any and all liability and claim whatsoever for the administration of the above medication.

Parents Signature: _____ Date: _____
Address: _____ Phone: _____

TO: Physicians Caring For Connellsville Area School District Students
FROM: Dr. David R. Goodin, Superintendent of Schools
SUBJECT: Administration of Medications During School Hours

The Connellsville Area School District is opposed to, and discourages, the use of medications during school hours. Every attempt should be made by the attending physician and parents to schedule the administration of medications at times other than school hours.

However, the administration of medication to a student during school hours will be permitted in accordance with the directions of a physician, if failure to take such medication would jeopardize the health of the student, and/or the student would not be able to attend school if the medicine were not made available.

Below is the medication policy adopted by the Connellsville Area Board of School Directors on August 21, 1990. On the reverse side of the memo is the district's **Authorization for Use During School Hours** form. This form must be completed and signed by the physician in order for any medication to be given during school hours. We request that medications needed three times a day or less be scheduled during the time students are **not** in school.

We appreciate your cooperation in this matter. Thank you.

MEDICATION POLICY

Prescribed and non-prescribed medication of any sort will not be administered except under the direct order of a physician. This direct order must be in the form of a written order from the child's physician, and must include the following information: date, full name of school administrator involved, full name of student, name of medication, prescribed strength and dosage, time schedule for administration, length of time to be administered, diagnosis, reason for administration, possible side effects, signature of the physician, and signatures of the parent(s) or guardian(s). It is the responsibility of the parent(s) or guardian(s) to provide the school with this written order. The building administrator and school nurse will review the physician's written order and make the necessary arrangements for dispensing the medication following any necessary consultation with the school physician. Under no circumstances will Connellsville Area School District teachers dispense medication. This includes giving students permission to take medication on their own.