Dear Parents/Guardian:

The Peters Township School District takes the position that when children are ill, it is best to develop a treatment plan with the consultation of a physician. When possible, the treatment plan should provide for administering medication at times other than during school hours. This can often be accomplished with the use of time-released medication or dispensing medication before or after school hours.

The School District recognizes, however, that there may be instances when medication must be administered during the school day. It will be necessary for parents to provide the School Nurse with parental **AND** physician consent.

****PLEASE NOTE****
If it is necessary for a student to take medications, either prescription or non-prescription during the school day, the Authorization for Prescription or Non-Prescription Medication Form (on the reverse side) **must be completed and signed by the parent AND physician.** The form is to be submitted when initially requesting administration of medication during school hours.

According to the PA Schools Guidelines for Administration of Medications, a parent/guardian or a responsible adult parental designee is required to deliver medication to the health office. Medication must be in a pharmacy labeled or original container. For your convenience, it is suggested that a second prescription bottle be obtained from your pharmacist for this purpose. A new form is required for each medication change, dose change, time change and for each school year. The medication form is available on the school district website at www.ptsd.k12.pa.us.

Please remember your child will not be able to receive his/her medication if these procedures are not followed. All medications, prescription or over-the-counter, must be accompanied by a physician's authorization in order for the medication to be administered by school personnel.

Please feel free to contact the School Nurse if you have any concerns regarding this matter. Thank you for your cooperation.

Peters Township School District Health Offices:

Bower Hill Elementary:	724-941-0913 ext. 2403	Fax: 724-941-0918
McMurray Elementary:	724-941-5020 ext. 3006	Fax: 724-941-2769
Pleasant Valley Elementary:	724-941-6260 ext. 1404	Fax: 724-941-0708
Middle School:	724-941-2688 ext. 4244	Fax: 724-941-1426
High School:	724-941-6250 ext. 5223	Fax: 724-942-3863

(Revised 5/28/10)

OVER FOR MEDICATION FORM

PETERS TOWNSHIP SCHOOL DISTRICT

Authorization for Prescription or Non-Prescription Medications to be taken during school hours.

- Prescription medication must be in a container labeled by the pharmacy.
- Over-the-counter medication must be in the original container.

Parent to Complete this Section

Student's Name:_____ Date of Birth :_____Sex _____
School Name:_____ Grade/Room/Section: _____
Physician Name:_____ Phone:_____
Address:_____ Parent Emergency Phone:_____

Student Allergies:_____
Current Medications: _____

I give my consent for the medication prescribed below by the physician to be administered to my child at school. I release the school and its personnel from any liability associated with the administration of this medication. I understand and agree that any medical information may be shared with appropriate school and medical personnel.

PARENT/GUARDIAN SIGNATURE:_____ Date_____
PRINT PARENT NAME:_____ Date_____

Physician to Complete this Section

To be given during school:	**Medication #1**	**Medication #2**	**Medication #3**
Name of Medication			
Dose/Route			
Indication/Reason to be given			
Time/frequency to be given			
Date to be initiated			
Date to be discontinued			
Special Instructions: (e.g. activity restrictions, precautions, etc.)			

Inhalers & EpiPens Only: This student is capable of self-administration. Yes___ No___
This student may carry his/her inhaler on his/her person. Yes___ No___

Comments:_____
_____

PHYSICIAN SIGNATURE:_____Date_____
PRINT PHSYCIAN NAME:_____ Date_____
(Revised 5/28/10)