

CORNWALL-LEBANON SCHOOL DISTRICT

MEDICATION CONSENT FORM (PRESCRIPTION AND OVER-THE-COUNTER)

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ALL MEDICATIONS GIVEN AT SCHOOL REQUIRE A PHYSICIAN'S AND PARENT'S SIGNATURE. THE PHYSICIAN CAN SIGN THE FORM OR FAX THE SIGNATURE TO ONE OF THE FAX NUMBERS LISTED BELOW ON OFFICE STATIONARY/LETTERHEAD

PARENT USE ONLY SECTION:

Student Name _____ Grade _____ Teacher/Homeroom _____

I, parent/guardian of _____, give permission for my child to receive the following medication(s) during school hours. I also give the school or building nurse permission to contact the physician listed below if there are any questions or concerns.

Parent/Guardian Signature _____ Date _____

PHYSICIAN USE ONLY SECTION: OTC AND RX MEDICATIONS:

Check below if you want the above student to receive the following OTC meds to be administered by the school nurse: The school nurse will administer weight/age appropriate dosage of OTC meds listed below unless the physician specifies otherwise -if so please specify dose below.

Acetaminophen Ibuprofen Antacid Tablets

Please list below any other medications the above student should receive:

Medication _____ Dosage _____ Route _____ Time(s) _____

Medical Condition: _____ Possible side effects: _____

Medication _____ Dosage _____ Route _____ Time(s) _____

Medical Condition: _____ Possible side effects: _____

Other medications student is taking _____

Physician's Signature _____ Date: _____

Physician's Name (Print) _____ Phone _____ FAX _____

EMERGENCY MEDICATIONS (EPI PEN AND INHALERS ONLY): MEDICAL PROVIDER PLEASE CHECK ONE BOX BELOW:

___ I have instructed the above named student how to properly use his/her Epi Pen and or Emergency Inhaler listed above. It is my professional opinion that the student may carry and use that medication during school hours/field trips/related school activities in accordance with Pennsylvania State Law.. The school nurse should be consulted if the student is having a health related complaint or uses his/her medication.

___ It is my professional opinion that the above named student should not carry his/her Epi Pen and or Emergency Inhaler listed above at school or school related activities.

School Fax Numbers:

Cedar Crest High School	389-1873	Cedar Crest Middle School	389-1858	
Cornwall Elementary	389-1886	South Lebanon Elementary	389-1865	HD Form #25
Ebenezer Elementary	389-1879	Union Canal Elementary	389-1872	Rev. 11/13

CORNWALL-LEBANON SCHOOL DISTRICT

PROCEDURES FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL

Dear Parent or Guardian:

Please read these procedures carefully. Whenever possible, medications should be given at home. The procedures were created using the Pennsylvania's Department of Health Guidelines for Administration of Medications at School. Following these guidelines, the Cornwall Lebanon School District has adopted the following medication procedures.

CONSENT TO ADMINISTER MEDICATIONS AT SCHOOL

The Certified School Nurse, Building or Substitute nurse or the Principal's designee may administer medication to the student if the proper consent forms have been received. **(Please see the reverse side of this form).**

Written parent/guardian and physician consent is needed if any medication is to be given to a student during school hours. (prescription or over-the-counter)

It can be faxed to the nurse on the form provided (see reverse side), or the physician can fax/mail the order to the nurse on office stationary/letterhead.

Please contact the nurse at the building your child attends if you have any questions or concerns regarding medication administration at school.

TRANSPORT OF MEDICATIONS

A parent/guardian or adult designee must transport all medications to and from school including any over-the-counter medications such as Tylenol. This is to insure the safety of all students. Medications may be delivered to the nurse or office personnel if the nurse is not in her office.

**Medications must be delivered in the original prescription bottle. You may request a second prescription bottle for the school at the time you get the Rx filled at the pharmacy for school or field trip use.*

***Prescription inhaler/epi-pen medications may be self administered and carried by the student with written parental consent and a physician's order. The order must state that the student may carry the inhaler/epi-pen and has been instructed in its use. If the inhaler/epi-pen is used, the nurse should be notified.**

Please contact the nurse at the building your child attends if you have questions or concerns about administration of medications at school.

Cornwall Elementary	389-1883	Cedar Crest Middle School	389-1845	
Ebenezer Elementary	389-1876	Cedar Crest High School	389-1832	HD Form #25
South Lebanon Elementary	389-1862	Union Canal Elementary	389-1869	Revised 11/13