

**Juniata County School District**  
**Medication Administration Consent & Licensed Prescriber Order**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

In accordance with JCSD Policy Guide 210, medications should ideally be given at home before and/or after school. However, when this is not possible, prior to receiving any medication at school, each student must provide the School Nurse with a *Medication Administration Consent* form signed by the student's parent/guardian and a *Medication Order* from a licensed prescriber. All prescription medications must be in the original, labeled prescription bottle/container from the pharmacy. All over-the-counter medications must be in the original package, labeled with the student's name.

**PARENT/GUARDIAN CONSENT:**

I give permission for my child, \_\_\_\_\_, to receive the following medication listed below during the school day. I understand the medications will be given by the Certified School Nurse or School Health Assistant according to my child's licensed prescriber's directions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian printed name: \_\_\_\_\_

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**LICENSED PRESCRIBER MEDICATION ORDER:**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage and route: \_\_\_\_\_

Time of administration: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Special directions: \_\_\_\_\_

Discontinuation date: \_\_\_\_\_

Licensed prescriber signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensed prescriber printed name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **A REMINDER CONCERNING MEDICATION GIVEN AT SCHOOL**

Students who need to take medication during school hours must comply with school district regulations. These include the guidelines listed on the reverse side of this sheet as well as the following:

- (1) Students are not permitted to bring medication to school (with the exception of inhalers and Epi-Pens).
- (2) If a student brings medication to school, it will not be administered. Parents will be notified.
- (3) The parent/guardian shall be responsible for bringing the medication to school.
- (4) In the event that a parent cannot deliver the medication to school, he/she may, with written permission, designate an adult to do so in his/her place.
- (5) Medication must be brought to school in the original, labeled container. Do not send medications in plastic bags or envelopes. The medication will not be administered.
- (6) A "Medication Verification Form" must be signed by the parent/guardian for all medication brought to school.
- (7) In the event the student is no longer taking medication or at the end of the school year, the parent/guardian should collect any unused medication.
- (8) If a parent does not collect the medication within one week following termination of the order or one week beyond the close of school, the medication will be destroyed.
- (9) All medication will be kept in a locked cabinet in the nurse's office. **Students may carry their inhalers or Epi-pens with them, provided the necessary paperwork is on file with the School Nurse, including a written statement from the licensed prescriber that states it is necessary for the student to carry the medication and that the student is capable of self-administration.**

**NO MEDICATION WILL BE GIVEN UNLESS THESE INSTRUCTIONS ARE FOLLOWED.**

Thank you for your cooperation with this matter.

*Heather Dreibelbis, RN, BSN, M.Ed.*

Certified School Nurse

*Penny Ritzman, RN, BSN*

Certified School Nurse