NORTH ALLEGHENY SCHOOL DISTRICT
Request for Medication Administration in School

To be completed by Licensed Prescriber: **DATE: _____**

Student's Name	**Student ID#**	**Grade/Homeroom**

Medication	**#1**	**#2**
Dosage		
Time of administration		
Length of administration	**Start** **Stop**	**Start** **Stop**
Reason for Medication		
Administration instructions		
Side Effects		

FIELD TRIP	**Please check the following option when a parent/guardian or parent guardian designee (non-staff) is unable to attend a field trip:** _____ Yes, the prescribed dose can be withheld on the day of the field trip _____ Yes, the time can be adjusted with the parent/guardian to be administered upon return to school. _____ No, this medication must be given to the child at the prescribed time. Kindly explain: _____ _____ For students with injectable epinephrine orders, the antihistamine (listed above) needs to be sent on the trip **(Grades K-5)**.
Competency for self administration	I, _____, certify that this student has a potentially life threatening illness and (prescriber printed name) requires an inhaler or auto injecting epinephrine, is competent and has been instructed in the proper method of self administration of said medication. The student may therefore carry and self administer his/her inhaler or auto injecting epinephrine. I, _____, certify that the student with prescribed injectable epinephrine is able to carry and (prescriber printed name) Self-administer their prescribed antihistamine in case of allergic reaction **(Grades 6-12).**
Signature of Prescriber	Name_____ Phone _____ **(not valid without prescriber signature)**

To be completed by Parent/Guardian:

I give permission for my child to receive the above noted medication at school according to School Board Policy #210.
I also give permission for the Certified School Nurse to contact the Licensed Prescriber, as necessary, regarding the medication.

Parent/Guardian Signature: _____
(not valid without signature)

TELEPHONE

Home: [_____] **Work: [_____]**

Cell: [_____]

If there is a two hour delay opening:

_____ Yes, administer my child's medication as prescribed **_____ No, I will contact you if the time is to be adjusted.**

ONLY PRESCRIBED MEDICATION CAN LEGALLY BE ADMINISTERED BY LICENSED MEDICAL PERSONNEL.

Permission to carry and self administer
Inhalers and Auto Injecting Epinephrine

In accordance with Pennsylvania State Law, I hereby agree to allow my child to carry his/her asthma inhaler medication or auto injecting epinephrine. I acknowledge that the North Allegheny School District and its staff bear no responsibility for the benefits or consequences of the medication and that the school bears no responsibility for ensuring that the medication is taken. The North Allegheny School District reserves the right to withdraw permission at any time if the student is unable to demonstrate responsible behavior in carrying and/or taking this medication.

Parent/Guardian Signature: _____ Date: _____

I agree to be solely responsible for my Inhalers and/or Auto Injecting Epinephrine and to follow the directions for its use as ordered by my Licensed Prescriber and the district's medication policy. I am aware that any abuse of this privilege will result in confiscation of the medication and loss of privilege to carry and self administer said medication.

Student Signature: _____ Date: _____

For health office use only:

For students in Grade 6-12 when a written statement of competency is not provided by the Licensed Prescriber: The student must meet all four criteria to carry and self administer Inhalers and Auto Injecting Epinephrine:

_____ 1. Respond and visually recognize his/her name
_____ 2. Identify his/her medication
_____ 3. Demonstrate proper technique for self administering his/her medication
_____ 4. Verbalize symptoms when medication should be used.

This student has demonstrated the ability to self administer the said medication as indicated above.

Nurse Signature: _____ Date: _____

Medication	*Date*	*Prescriber note*	*Parent note*	*Count*	*Exp Date*	*Nurse signature*