

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 | <p>Please check the following option when a parent/guardian or parent guardian designee (non-staff) is unable to attend a field trip:</p> <p><input type="checkbox"/> Yes, the prescribed dose can be withheld on the day of the field trip</p> <p><input type="checkbox"/> Yes, the time can be adjusted with the parent/guardian to be administered upon return to school.</p> <p><input type="checkbox"/> No, this medication must be given to the child at the prescribed time.</p> <p>Kindly explain: _____</p> <p><input type="checkbox"/> For students with injectable epinephrine orders, the antihistamine (<u>listed above</u>) needs to be sent on the trip.</p> | |
| Competency for self administration | <p>I, _____, certify that this student has a potentially life threatening illness and <small>(prescriber printed name)</small></p> <p>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.</p> | |
| Signature of Prescriber | <p>Name _____ Phone _____</p> <p style="text-align: center;">(not valid without prescriber signature)</p> | |
| To be completed by Parent/Guardian: | | |
| <p>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.</p> <p>Parent/Guardian Signature: _____</p> <p style="text-align: center;">(not valid without signature)</p> | | |
| TELEPHONE | | |
| <p>Home: [_____] Work: [_____]</p> <p>Cell: [_____]</p> | | |
| <p>If there is a two hour delay opening:</p> <p><input type="checkbox"/> Yes, administer my child's medication as prescribed <input type="checkbox"/> No, I will contact you if the time is to be adjusted.</p> | | |
| <p>ONLY PRESCRIBED MEDICATION CAN LEGALLY BE ADMINISTERED BY LICENSED MEDICAL PERSONNEL.</p> | | |

