

**NORTH ALLEGHENY SCHOOL DISTRICT  
Request for Medication Administration in School – Camp KOK**

*Please complete both sides of form. Not valid without Parent signature*

**To be completed by Licensed Prescriber\*:**

**DATE:** \_\_\_\_\_

*\*In lieu of Prescriber signature on this form, documentation on letterhead may be attached*

<b>Student's Name</b>		<b>Student ID#</b>		<b>Homeroom</b>
<b>Medication</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
<b>Dosage</b>				
<b>Time of Administration</b>				
<b>Length of Administration</b>				
<b>Reason for Medication</b>				
<b>Administration Instructions</b>				
<b>#sent</b>				
<b>Side Effects</b>				

**Competency for Self Administration**

I, \_\_\_\_\_, certify that this student has a potentially life threatening illness and  
(licensed prescriber's printed name)  
 Requires an inhaler or auto injecting epinephrine. This student is competent and has been instructed in the proper method of self-administration of said medication. This student may therefore carry and self-administer his/her inhaler or auto injecting epinephrine.

**Signature of Licensed Prescriber**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 (not valid without licensed prescriber signature\*)

*\* In lieu of Prescriber signature on this form, documentation on letterhead may be attached*

**Please be sure to label all medication being sent to Camp. Parent/Guardian will need to pick up medication upon return to school. Students will not be given medication to carry home.**

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

***KOK District Health Office use only:***

Medication #1	Day 1	Day 2	Day 3
Medication #2			
Medication #3			
Medication #4			

## 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 3450. I waive and release the District and any District employee from any and all liability or responsibility for the administration of the medication or benefits or consequences of the medication and acknowledge that the District bears no responsibility for ensuring that the medication is taken. **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

Cell: [ \_\_\_\_\_ ]

Home: [ \_\_\_\_\_ ]

Work: [ \_\_\_\_\_ ]

### 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: \_\_\_\_\_