

CENTENNIAL SCHOOL DISTRICT
Warminster, PA. 18974

TO: PARENT/GUARDIAN STUDENT'S NAME _____

FROM: SCHOOL NURSE SCHOOL _____ Grade _____

RE: PERMISSION FOR MEDICATION ADMINISTRATION DURING THE SCHOOL DAY

When your child's Doctor decides that it is **medically necessary** for your child to receive prescription and/ or "over-the-counter" medications during the school day, this form must be completed by the parent or guardian, **signed by the Doctor** and returned to the certified school nurse, registered nurse, principal or principal's designee.

All prescription and non-prescription medication **must** be in the original container and delivered by the parent or guardian at the beginning of the school day to the certified school nurse, registered nurse, principal or principal's designee with this completed form. No more than a one month's supply of medication will be accepted and stored in the health room. In the absence of a nurse, the principal or principal's designee will administer the medication.

A parent or guardian is permitted to administer medication to their child during the school day but he/she must report to the school nurse or principal and administer the medication in the nurse's office.

Reason for medication _____

Medication (s) and dose _____

Time of administration _____

Dates to be given _____

Possible side effects or cautions _____

List other medications student is currently taking _____

May we have permission to share this information with school staff ? Yes _____ No _____

Prescribing Doctor's Name _____

Phone Number of Doctor

Phone Number of Parent/Guardian

Signature of Doctor
(not required if a current Dr.'s prescription label is included)

Signature of Parent/Guardian

Date: _____

Date: _____