**BLACKLICK VALLEY SCHOOL DISTRICT**

**555 Birch Street**

**Nanty - Glo, PA 15943**

*Mrs. Cheryl Lauer, School Nurse Division of School Health*

 **AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS**

Ideally, all medication should be given at home. It is recognized that at the present time many students are able to attend regular school because of the effectiveness of medication in the treatment of chronic disabilities and illnesses. However, any student who is required to take medication during the regular school day **MUST** comply with school regulations. These regulations include the following:

 ALL MEDICATION will be administered by the school nurse or other authorized personnel under the following conditions:

1. Upon written request from the physician to the school officials that prescription medication must be administered to the student. Included in the request must be the name of the student, name of the medication, dosage, and frequency of administration.

1. Parental or guardian written request that all medication be administered to the student including prescription and non-prescription medications.
2. All medication must be in protective containers that are properly labeled by the physician, pharmacy or manufacturer.

ADDITIONAL NOTE: FOR THE CONVENIENCE OF YOU AND YOUR CHILD, IT WOULD BE BENEFICIAL THAT THE PRESCRIBED MEDICATION BE PROCESSED IN TWO CONTAINERS BY YOUR PHARMACIST, THEREBY ALLOWING ONE PRESCRIPTION TO REMAIN IN SCHOOL AND ONE TO REMAIN AT HOME.

Any medication to be administered during the school day should be taken to the nurse’s office (or main office) as soon as possible after the student arrives at school unless the physician’s order includes self-administration.

These regulations are for the safety and protection of all the students in the district. Your cooperation with these regulations will be appreciated.

 **BLACKLICK VALLEY SCHOOL DISTRICT**

*Elementary Center JR. - Sr. High School*

Grade\_\_\_\_\_\_\_\_\_\_\_ School Year\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_must receive the following medication during school hours in order

to maintain sufficient health to participate in the school program:

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

 Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Time schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Length of time (days/weeks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Possible side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is student capable of self-administration?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I DO HEREBY RELEASE, DISCHARGE AND HOLD HARMLESS THE BLACKLICK VALLEY SCHOOL DISTRICT, IT’S AGENTS AND EMPLOYEES, FROM ANY AND ALL LIABILITY AND CLAIM WHATSOEVER FOR THE ADMINISTRATION OF THE ABOVE MEDICATION TO MY CHILD SHOULD THERE DEVELOP AN ALLERGIC OR OTHER REACTION FROM THE MEDICATION.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian  **PHYSICIAN’S SIGNATURE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Date