MEDICATION PROCEDURES FOR ALL STUDENTS

Medication, both prescribed and over-the-counter, may not be brought to school unless absolutely necessary. If it is crucial for a child to take medication during the school day, these guidelines must be followed:

1. **Students are NOT permitted to possess prescription or over-the-counter medication at any time during the school day or at school activities/functions.**

2. Students are permitted to carry asthma inhalers or Epi-pens with written authorization from the authorized prescriber, the parent/guardian and the school nurse.

3. An adult must deliver and pick up the medication.

4. Medications may only be dispensed by a school nurse or health room assistant.

5. All medication must come to school in the originally prescribed container.

6. Medication prescribed by an authorized health care practitioner must be accompanied by an "Authorization for Medication" or equivalent form signed by the parent and the prescriber.

7. A prescriber’s authorization is not required for administration of commonly used over-the-counter medications approved by the school physician. Contact the school nurse if you are unsure if your child’s medication is on the approved list.

8. Medication will NOT be given to a student having a recent traumatic injury, unless previously assessed by a health care provider and written permission from an authorized prescriber and a parent/guardian is submitted.

9. Any chemical substance whose manufacturing and distribution process is not approved by the FDA will not be administered during school hours by the nursing staff. This includes, but is not limited to, homeopathic remedies, essential oils, herbal preparations and dietary supplements.

*** SCHOOL-SPONSORED FIELD TRIPS ***

For any student requiring medication on a school-sponsored field trip, it is the parent/guardian’s responsibility to contact the teacher and/or the school nurse to plan for proper administration of medication. Medication will not automatically be available in these circumstances.
AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

The following student must receive the medication listed below during school hours in order to maintain sufficient health to participate in the school program.

Name of Student: ____________________________________________________________

School: ________________________________________________________ Grade: ______

Name of Medication: ________________________________________________________

Route and Dosage: __________________________________________________________

Time of administration: _____________________________________________________

Duration: ______________ Start Date: ______________ End Date:_________________

Reason for Administration: ____________________________________________________

Allergies: _________________________________________________________________

Possible Side Effects: _________________________________________________________

FOR INHALER:
This student is able to self-administer and carry his/her inhaler at all times □ YES □ NO

FOR EPI-PEN
This student is able to carry and self-administer his/her Epi-Pen □ YES □ NO

Any medication given in school must be accompanied by the completed medication form (or equivalent). A prescriber’s authorization is not required for administration of commonly used over-the-counter medications approved by the school physician. Contact the school nurse if you are unsure if your child’s medication is on the approved list.

All medications must be brought to school by the parent / guardian in the originally prescribed container and must be given to the nurse / principal or authorized representative.

We/I hereby release, discharge and hold harmless the East Penn School District, its agents and employees from any and all liability and claim whatsoever for the administration of the above medication to our / my child should there develop a reaction from the medication.

We/I have read and agree to the above policy:

Signature of Physician: _________________________________ Date: __________

Signature of Parent /Guardian: ____________________________ Date: __________

DISTRICT FAX NUMBERS:

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<td>Student Services</td>
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SS – Revised 02/2018