

MEDICATION PROCEDURES FOR ALL STUDENTS DURING SCHOOL HOURS

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:

***** SPECIAL CIRCUMSTANCES *****

For any student requiring medication on a **school-sponsored field trip**, it is the parent/guardian's responsibility to contact the school nurse to plan for proper administration of medication. Medication will not automatically be available in these circumstances.

The health room is not routinely staffed **outside of regular school hours**. If a student needs medication at any time outside of regular school hours it is the parent's responsibility to contact the school nurse to arrange an alternative medication administration plan.

Parent/Guardian initials _____

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 licensed school nurse.
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.
10. The parent/guardian will be notified of any medication that is to be picked up from school. If medications are not picked up by an adult at a predetermined time on the last student day of school, the medication will be delivered to the Student Services Office for proper disposal.

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:

Alburtis	610-966-9619	LMMS	610-398-4385
EHS	610-966-8449	Macungie	610-966-7583
Eyer	610-966-9649	Shoemaker	610-965-2977
Jefferson	610-966-8349	Wescosville	610-395-6354
Lincoln	610-965-1569	Willow Lane	484-519-3310



ADMINISTRATIVE OFFICES

800 PINE STREET
EMMAUS, PA 18049
610-966-8300