THE SCHOOL DISTRICT OF PHILADELPHIA SCHOOL HEALTH SERVICES REQUEST FOR ADMINISTRATION OF MEDICATION

(PLEASE SEE MESSAGE TO PHYSICIAN AND PARENT ON BACK OF FORM) PHYSICIAN, PLEASE NOTE: Fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/treatment. A separate request is needed for each medication.						
NAME OF PATIENT/STUDENT		ROOM/BOOK NO.				
DATE OF BIRTH SCHOOL		PID	I authorize licensed school personnel to administer the indicated medication as prescribed by my child's health care provider, whose signature appears on this form.			
DIAGNOSIS:				My child may self-administer medication/equipment as determined appropriate by the school nurse.		
REASON MEDICATION MUST BE GIVEN IN SCHOOL:				I authorize the school nurse to communicate with my child's health care provider, and my health care provider to reply, as needed regarding this medication and/or my child's response.		
NAME OF MEDICATION:		DOSE:	-			
TIME(S) TO BE GIVEN IN SCHOOL: TOTAL DOSAGE PER 24 HRS:		PER 24 HRS:				
DATE BEGIN:	: DATE END:		PARENT		TELEPHONE	
INSTRUCTION FOR ADMINISTRATION/UTILIZATION:			SIGNATURE		NUMBER	
CONTRAINDICATIONS:		DATE SIGNED		EMERGENCY		
			 		NUMBER	
SIDEEFFECTS:				In accordance with school district procedure:		
TREATMENT OF SIDE EFFECTS/ACTION TO BE TAKEN:				I have assessed the student and s/he has demonstrated competency to self-administer medications. YESNO		
RESTRICTION ON ACTIVITY: YES NO						
IF YES, DESCRIBE:				The administration of this medication was approved on:		
IS STUDENT TAKING ANY OTHER MEDICATION? YES NO			-			
IF YES, NAME OF MEDICATIONS:						
			SIGNATUR	E OF SCHOOL NURSE		
PRINT NAME OF HEALTH CARE PROVIDER/CREDENTIAL	S	TELEPHONE	-			
ADDRESS		EMERGENCY NUMBER		TELEPHONE NUMBER OF SCHOOL NURSE		
SIGNATURE OF HEALTH CARE PROVIDER		DATE SIGNED	-			

MED-1 (Rev. 6/2018- COMM. CODE 1602445400

TO THE PHYSICIAN:

Your patient has requested that medication be administered in school. Ideally, the administration of medication should take place at home. However, for students who require medication during the school day in order to function in the classroom, School District Policy does permit licensed school staff to administer medications. In some cases, students may self-administer their medication.

IF YOUR PATIENT'S MEDICATION CANNOT BE ALTERED SO THAT ALL ARE RECEIVED AT HOME, PLEASE COMPLETE THE REQUEST ON THE REVERSE SIDE. A SEPARATE REQUEST IS REQUIRED FOR EACH MEDICATION OR TREATMENT.

Please fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/treatment.

Thank you.

School Health Services

DEAR PARENT/GUARDIAN:

Some children need the administration of medication in order to function in the classroom. Ideally, this should take place at home. If your child's medication cannot be altered and administered at home, you can request the medication to be given in school by seeing the school nurse.

Once the School Nurse has approved the request, you will be required to bring the medication to school properly labeled and packaged by a Registered Pharmacist. The medication bottle must have Saf-T Closure Cap and the label must include:

- Patient Name
- Pharmacy Name
- Pharmacy Address and Phone #
- Prescription Number

- Prescription Date (current)
- Name of medication, dosage form, expiration date (if relevant)
- Instructions for administration
- Name of prescribing health care provider

This procedure must be repeated each school year and/or each time there is a change in dosage.

Parents/guardians must pick up unused or expired medication in person, or send an authorized responsible adult with a note from you. Unused medication which is not picked up within 10 days, or by the last day of school, will be destroyed/discarded. The school is not responsible for ensuring the medication is taken. The district and its employees are relieved of responsibility for the benefits or consequences of the prescribed medication.

If you have any questions on this procedure, please contact the school nurse.

Thank you.