

OVER

1 of 2

PARENT FORM

**COATESVILLE AREA SCHOOL DISTRICT
PARENT CONSENT FORM FOR ANY PRESCRIPTION AND/OR
OVER-THE-COUNTER MEDICATIONS**

ALL medication - either over the counter or prescription - MUST be accompanied by a doctor's note.

Date _____

To The School Nurse:

As the parent/guardian of _____, I request that licensed school personnel (CSN, RN, LPN) administer the medication listed below to my child according to the directions from the physician. I hereby release the Coatesville Area School District School Board and its employees of liability for administration of medication.

I understand ANY medication sent to school MUST be in its original container. If it is not, the medication will not be dispensed.

Name of medication: _____

Dosage to be administered: _____

Time medication is to be given: _____

Date(s) medication is to be given: _____

Condition being treated: _____

Signature of parent/guardian: _____

"Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency Care" from the PA Department of Health require a "medication order" from a licensed provider to administer prescription, over the counter, and herbal medicines.

ANY MEDICINE OF ANY KIND THAT IS BEING SENT TO SCHOOL FOR ANY REASON REQUIRES A DOCTOR'S ORDER.

****SEE REVERSE SIDE FOR DIRECTIONS FOR MEDICATIONS ON FIELD TRIPS****

Doctor's orders may be faxed to the Nurse at: (610) 383-3784

Additional forms can be accessed on the C.A.S.D. web site www.coatesville.k12.pa.us

Enter physician's name AND fax number below if you would like the nurse to obtain the doctor's order for you:

Doctor's name: _____ fax number _____

MEDICATIONS AND FIELD TRIPS:

PLEASE NOTE THAT ALL MEDICATION TAKEN ON A FIELD TRIP MUST BE:

- 1. SENT FROM HOME
- 2. IN ORIGINAL CONTAINER
- 3. SINGLE DOSE (EXCEPTIONS WOULD BE AN INHALER OR INSULIN)

It is necessary for this student to take the following medication(s) during a field trip, lasting at least the entire school day (dose cannot be given before/after trip hours or skipped):

Name of student: _____ Date of Birth: _____

Name of medication: _____

To be completed by the parent:

_____ My child **IS** able to self administer the above medication as instructed. I understand that the medication **MUST** be sent from home in an original labeled pharmacy container, in the single dose needed, and checked in with the teacher in charge. Students **MUST** also confirm with the teacher when the medication is taken. I understand the teachers/administrators do not have the authority to administer medication to my child (CASD Policy # 210) and relieve them of any liability in my student's self-administration of the above medication.

_____ My child **IS NOT** able to self-administer the above medication(s)

_____ I (or my designee) **WILL** be able to accompany my child on the field trip in order to administer the medication.

_____ I (or my designee) **WILL NOT** be able to accompany my child on the field trip in order to administer the medication. (Parents **MUST** contact building administrator **at least two weeks in advance** to make arrangements for student to receive medication on the field trip.)

Comments: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

****PARENTAL PERMISSION FORM MUST BE ACCOMPANIED BY A PHYSICIAN'S NOTE****