

**CONRAD WEISER AREA SCHOOL DISTRICT**  
44 Big Spring Road, Robeson, PA 19551

**MEDICATION PERMISSION FORM**  
(Prescription and Over-the-Counter Medications)

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade/ Homeroom: \_\_\_\_\_ Career Tech/BCTC \_\_\_\_\_ Yes \_\_\_\_\_ East \_\_\_\_\_ West

Allergies: \_\_\_\_\_

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

Dosage: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Possible side effects and emergency response: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I request that the nursing personnel of Conrad Weiser Area School District administer the above named medication as prescribed by my child's physician.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication must be brought by parent/guardian to the school nurse in the original container. This includes inhalers and Epi-pens. Most pharmacies will provide you with an extra bottle for school upon your request. All medication will be counted when the nurse receives it for safety and security reasons.**

**FOR STUDENTS WITH ASTHMA OR SEVERE ALLERGY:**

To carry an inhaler or Epi-pen, the child must demonstrate responsible behavior and **notify the school nurse immediately** following self-administration of these medications. The purpose of this policy is to ensure immediate access to these medications in an emergency. Students must report to the nurse's office for routine administration of medications.

I give permission for this child to self- administer an (circle one) inhaler/Epi-pen. He/She has received instruction and has demonstrated correct technique in administration.

**NOTE:** Students that have permission on file to carry inhaler/epi-pen should carry it with them at all times including any off- campus school sponsored activities or trips.

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please read and follow the instructions on the reverse.

CONRAD WEISER AREA SCHOOL DISTRICT  
SCHOOL HEALTH SERVICES

**PARENT NOTIFICATION OF MEDICATION POLICY**

In accordance with school district procedural guidelines and Pennsylvania State laws, please follow the procedure listed below when it is necessary for your child to take medication during the school day:

1. Please complete the **Medication Permission Form** (for both prescription AND over-the-counter medications). This form requires PARENT and PHYSICIAN signature. Additional copies are available in the nurse's office and on the district website.

**\*\* MEDICATION CANNOT BE GIVEN WITHOUT PARENT AND  
PHYSICIAN SIGNATURE \*\***

2. Medications must be delivered by parent/guardian to the school nurse in the **ORIGINAL CONTAINER**, labeled with the student's name. **This includes inhalers and Epi-pens.**
3. **Students are not permitted to carry any medication, prescription or non-prescription on their person** (with the exception of permission to carry inhalers or Epi-pen, see #4).
4. The Medication Permission Form must also be completed for students who carry **inhalers and/or Epi-pens. Students who carry either medication must have the top and bottom half of the form completed with the parent and physician signatures.**
5. This form is valid for the current school year only. A new form is required every school year.

*To contact the School Nurses for your student:*

CW East Elem.	CW West Elem.	CW Middle School	CW High School
PHONE	PHONE	PHONE	PHONE
(610)-678-9901	(610)589-2501	(610)693-8560	(610)693-8524
FAX	FAX	FAX	FAX
(610) 678-9239	(610)589-9409	(610)693-8543	(610) 693-8511

(reviewed 5/17)