

CONRAD WEISER AREA SCHOOL DISTRICT
44 Big Spring Road, Robesonia, PA 19551
MEDICATION PERMISSION FORM
Prescription and Over-the-Counter Medications

FOR STUDENTS WITH AN EPI-PEN: Please complete the *Epinephrine Severe Allergy Action Plan*

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.

FOR STUDENTS TO CARRY INHALER:

To carry an inhaler, the child must demonstrate responsible behavior and **notify the school nurse immediately** following self-administration of the medication.

I give permission for this child to self- administer inhaler as ordered above. Student has received instruction and has demonstrated correct technique in administration. Your signatures acknowledge that the school is NOT responsible for ensuring that the medication is used & relieves the district & its employees of responsibility for the benefits/consequences of the prescribed medication.

Physician's signature: _____ Date: _____

Parent's signature: _____ Date: _____

NOTE: Students that have this permission on file to carry an inhaler should carry the inhaler with them at all times including any off- campus school sponsored activities or trips.

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

Weiser Decisions
PHONE
(610)-589-2591
FAX
(610) -693-8511

(reviewed 05/18)