

SCHOOL DISTRICT OF UPPER MORELAND TOWNSHIP
2900 TERWOOD ROAD
WILLOW GROVE, PA

USE OF MEDICATION PERMISSION FORM

The Board of School Directors of Upper Moreland Township, in accordance with the guidelines from the Pennsylvania Department of Education and Pennsylvania Department of Health, has revised Policy 210 and has adopted Policy 210.1 concerning the administration of medication in school. For the purposes of these policies, "Medication" includes Prescription and Over the Counter medicines. The policy states that all medication brought to school must be in the original labeled container and must be **delivered to school by the parent/guardian**. All medications are to be kept in the nurse's office unless otherwise specified by the child's Health Care Provider. Every attempt should be made to dispense medication at home; however, any medication deemed necessary for the continued treatment of medical conditions will be given during school hours as prescribed by the child's Health Care Provider.

Prescription Medication:

-A written/electronic Prescription from the child's Health Care Provider is required in order to dispense Prescription medication at school. This form can also be used by your Health Care Provider.

-All Prescription medication must be brought to school in the labeled Pharmacy container.

Over the Counter Medication:

-A written/electronic Prescription from your child's Health Care Provider is required in order to dispense Over the Counter medications at school. This form can also be used by your Health Care Provider.

-All Over the Counter medications supplied by parent/guardian must be brought to school in the labeled container.

ATTENTION PARENT/GUARDIAN: Your signature and the signature of your Health Care Provider is required on the lower portion of this form. By providing these signatures, you are giving permission for administration of medication to your child during school hours. Please fill in all sections to ensure that medication is given correctly.

School District of Upper Moreland Township
PERMISSION FOR MEDICATION TO BE GIVEN AT SCHOOL

Student Name _____ Grade _____

Name of Medication _____ Dosage _____

(Inhalers, Epi-pens, Insulin pumps and Insulin injections require Action Plan or Treatment Plan attached for use in school)

Time to be Given _____ Length of Time _____

Reason for Medication _____

Parent/Guardian Signature _____ Phone _____ Date _____

Health Care Provider Signature _____ Date _____

Permission to carry Inhaler: yes no MD/DO/NP signature _____

Permission to carry Epi-pen: yes no MD/DO/NP signature _____

Permission for School Nurse to administer Over the Counter:

Acetaminophen yes no Ibuprofen yes no Antacid (9th-12th only) yes no

*** **PLEASE NOTE:** Physicians orders and Parent Permission are valid for the current school year and MUST be updated each year.