FOR THE PHYSICIAN:

Student Name: _____________________________________ must receive medication prescribed by me for the following condition: __________________________________________________________.

This medication must be given during school hours in order to maintain sufficient health and participation in the school program. Medication __________________________________________________________

Prescribed daily dosage ______________________________________________________

Time and dosage to be given in school _________________________________________

Duration period ____________________________________________________________

Possible side effects _______________________________________________________

Permission is given to carry inhaler, epi-pen during school hours for middle and high school.  □ Yes □ No

Does the child demonstrate knowledge of how to use inhaler, epi-pen for Middle and High School?  □ Yes □ No

Date ___________________________   Physician Signature: ___________________________

Print Name of Physician ___________________________   Phone Number __________________

FOR THE PARENT OR GUARDIAN:

I give permission for the Allentown School District and/or their designee to administer the above medication to my child (Student Name) _____________________________________ as prescribed by the physician.

I agree to deliver medication to school in a labeled prescription bottle. The label must include the name of the medication, the prescribed dosage, the physician’s name and the pharmacy.

I agree to deliver a new supply of medication to the school, as needed.

I authorize the Allentown School District to exchange health-related information with the above-named Physician.

I understand that a new medication authorization form must be completed by the parent and physician if the dosage is changed at any time.

Delayed School Openings – medication given on a schedule will NOT be given late at school when there is a delayed opening, but should be given at the scheduled time at home.

Field Trips – medication will not be sent on field trip unless specific arrangements have been made with the school nurse.

Emergency Procedures /Epinephrine – when anaphylactic symptoms are demonstrated, ASD emergency procedures, including the use of Epinephrine auto injectors, will be followed. Please contact your school’s nurse with any concerns.

I agree to pick up my child’s medication(s) the last day of school.

_________________________   ___________________________

Date   Parent(s) or Guardian(s) Signature

MEDICATION PICK UP.

_________________________   ___________________________

Date picked up   Signature of parent(s) or Guardian(s)