

MEDICATION ADMINISTRATION FORM FOR STUDENTS  
Columbia-Montour Area Vocational Technical School

**THIS FORM MUST BE COMPLETED IF A STUDENT NEEDS TO TAKE MEDICATION AT SCHOOL. (Please read details below.)**

**HOW CAN A STUDENT TAKE MEDICATION IN SCHOOL?**

- Students will be given prescription medication or other medications not routinely stocked in the nurse's office **only by the direct written order of a physician**, according to recommendations of the Pennsylvania Department of Health and this school's medication policy. (Regular-strength Tylenol and Ibuprofen and antacids are routinely stocked in the nurse's office and do not require individual students' doctor orders.)
- The attached form must be completed by the parent or guardian and the physician before any medicine will be administered. **A new form is needed at the beginning of each school year and for each new medication order.** The form, available from the nurse's office or online on the school's website, must contain the following information: Name of student; Diagnosis or reason for needing the medication; Name of medication; Dosage, route and time medication is to be given; Discontinuation date; Signature of parent/guardian; and Signature of physician.
- The medication must be in an original bottle which includes the prescription number and date. **ALL MEDICATIONS AND SUPPLIES MUST BE STORED IN THE NURSE'S OFFICE.**
- Medicine will be given to the student by the school nurse or a licensed individual designated by the building administrator.
- **IT IS A VIOLATION OF SCHOOL POLICY FOR A STUDENT TO CARRY MEDICATIONS ON HIM OR HERSELF.**
- **EXCEPTION: Inhalers and EpiPens.** These can be self-carried and used by a student only if a complete medication order, as described above, is received that indicates the student may self carry and administer the medication.
- If the above information is not complied with, the licensed individual will refuse to honor the request to dispense the medication to the student. **Carrying medication without complying with the above information can result in disciplinary action.**

**BRINGING MEDICATION TO THE SCHOOL:**

- A parent, guardian, or a responsible adult who is acting on behalf of the student must bring the medication and the properly completed medication form to the nurse's office.
- Medication will be counted and signed in when it is brought to the school. The best times for bringing in the medication are 8:15 a.m. – 11:30 a.m. and 12:30 -3:10 p.m., but it can be brought in at any time during the school day if those times are not possible.

**TAKING MEDICATION FROM THE SCHOOL:**

- At the end of the designated time period of medication administration, which shall be set by the physician, all unused medication will be returned to the parent, or it will be destroyed after notifying a parent or guardian if the medication is not picked up at the school.

It is anticipated that administering medicine during school hours will be the exception when necessary rather than the rule. Medication should be given at home when possible. Medication policies are available at this school for your review.

**PLEASE COMPLETE THE ATTACHED FORM AND RETURN IT TO THE NURSE'S OFFICE. MEDICATION CANNOT BE ADMINISTERED WITHOUT IT.**

**COLUMBIA-MONTOUR AREA VOCATIONAL TECHNICAL SCHOOL**

5050 Sweppenheiser Drive, Bloomsburg, PA 17815

Nurse's Office Phone: (570) 784-8040, ext. 3328 Fax: (570) 784-3565

**PERMISSION TO GIVE / TO KEEP / TO CARRY MEDICATION AT SCHOOL**

To be completed each school year and/or when student's medication changes

PARENTS ARE RESPONSIBLE FOR INFORMING THE SCHOOL NURSE OF ANY CHANGES IN MEDICATION, DOSAGE, OR IF THE MEDICATION IS DISCONTINUED.

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PHYSICIAN'S PERMISSION (or attach Physician's Complete Medication Order)**

The student named above is being treated by me for (Diagnosis) \_\_\_\_\_  
and must/may take (Medication) \_\_\_\_\_ Dosage & Route \_\_\_\_\_

Time	___ noon/lunch	For	___ days
	___ as needed		___ remainder of the current school year
	___ every 4 hrs		___ until medication is discontinued/changed
	___ not more than once per day		___ must carry on person
	___ other (specify time) _____		___ other (specify) _____

**This student is able to self-administer his/her inhaler/EpiPen: yes / no (please circle one).**

Emergency response if dose ineffective: \_\_\_\_\_

*I certify that I am the health care provider who prescribed the medication and that the student named above is my patient for diagnosis and treatment. I understand that the Columbia-Montour Area Vocational Technical School and its employees will be distributing medication; they will be relying upon the directions I have set forth above.*

Print/stamp name & phone number below:

Signature \_\_\_\_\_ Date \_\_\_\_\_

M.D., D.O., P.A., C.R.N.P.

**PARENT/GUARDIAN'S PERMISSION**

*My child must/may take the medication specified above. I, therefore, request licensed personnel to give my child the above medication during the school day. I do hereby release, discharge and hold harmless, the school district, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child should there develop a reaction from the medication.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ASTHMA INHALER/EPIPEN USAGE**

**(Only to be signed if student is to self-carry/self-use asthma inhalers or EpiPen)**

*I acknowledge that the school is not responsible for ensuring the medication is taken. I also relieve the school and its employees of responsibility for the benefits or consequences of the prescribed medication.*

Signature \_\_\_\_\_ Date \_\_\_\_\_