

**SCHOOL DISTRICT OF HAVERFORD TOWNSHIP  
PHYSICIAN'S ORDER FOR PRESCRIPTION & OVER-THE-COUNTER MEDICATION**

Physician's Order

*Please administer the following medication in school.*

Name of Patient \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dose \_\_\_\_\_

When Administered \_\_\_\_\_

Directions for Administering \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects and Treatment \_\_\_\_\_

\_\_\_\_\_

Date Prescribed \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Name of Physician \_\_\_\_\_

Address of Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent Permission and Instructions

I request that the school nurse administer the prescribed medication to my son/daughter.

If my child forgets to come to the nurse's office for their medication, the nurse should: \_\_\_\_\_ Do nothing

\_\_\_\_\_ Call parent

\_\_\_\_\_ Call the student's classroom

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

SDHT Prescription Medication Policy

- Medications may be given in school when failure to take the medication would jeopardize the health of the student, and when the student would not be able to attend school if the medication was not available.
- Students are not permitted to carry medications.
- A parent or guardian must deliver the medication and any necessary refills to the nurse's office and request in writing the nurse to administer the medication.
- Epipens and inhalers are considered emergency medications, and may be carried by the student if a physician's request form is on file in the nurse's office.
- Physician's orders for prescription and over-the-counter medications must be renewed each year. Medication forms expire at the end of the current school year. The initial dose of a medication may not be given in school.
- All medications must be supplied in the original pharmacy container, and prescribed for the child to whom it is to be given. The label must include the child's name, physician's name, drug, dose, directions for administering, and date of prescription.
- If the date on the prescription is more than one year old, the medication will not be given in school.
- All medications must be picked up from the health room at the end of the school year by a parent or guardian. Medications remaining after the last day will be destroyed.

Physician's Order

*Please allow the following emergency medication to be carried and self administered on school property. This patient has demonstrated the capability to safely administer his/her own medication.*

Name of Patient \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dose \_\_\_\_\_

When Administered \_\_\_\_\_

Directions for Administering \_\_\_\_\_

Possible Side Effects and Treatment

Date Prescribed \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Name of Physician \_\_\_\_\_

Address of Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent/Guardian Request

I request that my child \_\_\_\_\_ be allowed to carry and self-administer his or her own emergency medication as prescribed. I relieve the school or any school district employee of any responsibility for the benefits or consequences of this self-administered medication, and understand that the school or employees bear no responsibility for ensuring that the medication is taken.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

SDHT Emergency Medication Policy

- This form must be kept on file in the nurse's office.
- After self-administering the medication, the student must immediately notify the school nurse and sign his/her medication sheet in the presence of the nurse.
- Prescription medication orders must be renewed each year. Medication forms expire at the end of the current school year.
- The medication carried by the student must be clearly labeled with the student's name.
- If the medication is misused by the student to whom it is prescribed, shared with other students, or improperly safeguarded from abuse by other individuals, the privilege to carry the medication will be revoked.