



OVER-THE-COUNTER AND PRESCRIBED MEDICATION PERMISSION FORM

Date form received by the school: _____

Student: _____ Date of Birth or age: _____

Grade: _____ Teacher/Classroom: _____

To be completed by the physicians or authorized prescriber

Name of medication: _____

Reason for medication (Optional): _____

Form of medication/treatment:

____ Table/capsule ____ Liquid ____ Inhaler ____ Injection ____ Nebulizer ____ Other

Instructions (Schedule and dose to be given at school): _____

Start: _____ date form received Other dates: _____

Stop: _____ end of school year Other date/duration: _____

For episodic/emergency only

Restrictions and/or important side effects: _____ None anticipated

____ Yes, Please describe: _____

Special storage requirements: _____ None _____ Refrigerate

Other: _____

This student is both capable and responsible for self-administering this medication:

____ No ____ Yes-Supervised ____ Yes-Unsupervised

This student may carry this medication: ____ No ____ Yes

Please indicate if you have provided additional information:

____ On the back side of this form ____ As an attachment

Date: _____ Signature: _____

Physician's Name: _____

Address: _____

Phone Number: _____

To be completed by parent/guardian

I request that (name of child) _____ receive the above medication at school according to standard school policy.

I request that (name of child) _____ be allowed to self-administer the above medication at school according to the school policy.

Date: _____ Signature: _____ Relationship: _____

Dear Parents,

The following is PCA's medication policy, as stated in the Family Handbook:

"Upon written request of a parent/guardian and with the approval of the school administration, students, who are competent to do so in their parent/guardians judgment, may store small quantities of medication for self-administration. In all cases, the parent/guardian must have confirmed the appropriateness of the medication and instructions with a licensed physician. It is the responsibility of the student to report to the appropriate school official at the time any prescription or non-prescription drug is to be taken.

Any student may possess and use a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms, at school, on school sponsored transportation, or at any activity, event, or program in which the student is participating if proper approvals are on file in the office. All necessary written permission forms detailed above for school administration of medication must be obtained and filed in the school prior to possession, storage, or self-administration by a student.

All prescription medication must be in the labeled container as prepared by the pharmacy, physician, or pharmaceutical company. Non-prescription medication must be in the original container. This means that we cannot accept medicines in sandwich bags or envelopes.

No dosage or time of medication changes can be instituted for prescription medicine except by written instruction from the physician after the initial request. This means if the student should forget to take their prescription medicine before coming to school and the doctor's instruction for the school is to administer the medication at lunch time, you cannot call the school and ask us to give your child his/her morning dosage. We also cannot change dosage. For the school to do either of these, we would have to be a licensed pharmacy."

The following is a summary of the PCA medication policy stated above:

1. Completed "Over-the-Counter and Prescribed Medication Permission Form" must be on file in the school office for any prescription or over-the-counter medication, both for self-administered and office administered doses. This includes any inhalers used for asthmatic conditions, as well as Tylenol or Ibuprofen, aspirin, cold remedies, cough medicines, eye drops, ointments, etc. A physician's signature is required for any medication (OTC and prescription).
2. Medication to be administered by the office must be in the original container from the pharmacy, clearly marked with the student's name, dosage, and time to be given. We cannot accept medication that is not in its' original container (i.e. no envelopes, baggies or alternate containers).
3. After the initial filing of the Permission Form, dosage or time of medication can only be changed by written instruction from the physician. We cannot give medication to a student at times other than what is stated on the prescription or Permission Form.
4. When a student attends a field trip, the school must send the entire prescription medication container with the teacher. To remove any amount of medicine and put it in another container, bag, or envelope would be taking on the role of a pharmacy.

"UNDER NO CIRCUMSTANCES SHOULD ANY SCHOOL EMPLOYEE ATTEMPT TO SUGGEST A DIAGNOSIS OR PRESCRIBE OR GIVE MEDICINE OF ANY KIND, INCLUDING ASPIRIN, TO A STUDENT." It is the responsibility of the parent to secure completion of the "Over-the-Counter and Prescribed Medication Permission Form" by the physician for administration of medication at school.

Note: If there is no Permission Form on file, we cannot administer any type of medication to a student. However, a FAX'd permission will be accepted (*must include student name, name of medication, dosage, date, signature of physician and parent*).

***These precautions are necessary as a safeguard for all students.
Your cooperation and understanding are appreciated.***