



**POTTSTOWN
SCHOOL DISTRICT**
www.pottstownschoools.com

Building a Better Tomorrow!

MEDICATION ADMINISTRATION POLICY

Dear Parent/Guardian:

In order to administer medication to a student during the school day the following Pottstown School District Medication Administration Policy must be followed. This policy is in accordance with the State Health Code.

- 1. All medication, prescription and Non-prescription (over-the-counter), must have a written physician's order. Orders must be renewed each school year.**
- 2. All medication must be labeled properly. Prescription medication** must be in the original pharmacy container with the date, student's name, name of medication, dosage and time to be given. **Over-the-counter medication** must be in the original container with the student's name written on the container.
3. All medication must be brought to the school nurse by a parent or guardian.
4. Medication form below must be completed and signed by a physician **and** parent or guardian.

PERMIT TO ADMINISTER MEDICATION
Prescription and Non-prescription

Student
Name: _____ Grade/Homeroom _____

Name of Medication: _____

Dosage: _____ Time to be given: _____

Reason for Medication: _____

Signature of Parent/Guardian Phone Date

Signature of Physician Phone Date