



POTTSTOWN SCHOOL DISTRICT

www.pottstownschoools.org

ADMINISTRATION BUILDING • 230 Beech Street • Pottstown PA 19464 • (610)323-8200 • FAX (610)326-6540

Our Mission: *Prepare each student, by name, for success at every level.*

POTTSTOWN SCHOOL DISTRICT PROCEDURE FOR ADMINISTRATION OF MEDICATION

Dear Parent/Guardian:

According to the State Health Code, including the State Board of Nurse Examiners, the school nurse **may not administer** any medication **without a written order** from your child's physician indicating the name of the medication, the dosage, the reason it is being given, and the time to administer it in school. **This includes over-the-counter, non-prescription medication as well as prescription medication. Your signature is also required.**

In order for the school nurse to administer medications, the Pottstown School District requests that you ask your physician to complete the enclosed form. In the event your child needs medications, fill in the name of the medications on the enclosed form and ask your physician to sign it. Please have your child return the form to the school nurse. **Medication must be brought to school by the parent/guardian in its original container**, clearly labeled with child's name, name of medication, amount of dosage and time to be given.

After you and your physician complete the **Permit to Administer Medication** form, the school nurse will be glad to administer medication following the Pennsylvania State regulations. **Phone permission is not acceptable.** Thank you for your cooperation in this important matter.

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PERMIT TO ADMINISTER MEDICATIONS
(Signed permit good for current school year)

Student Name: _____ Room/Section: _____

Name of Medication: _____

Amount to be Given: _____ Dates to be Given: _____

Time to be Given: _____ Reason for Medication: _____

Potential serious reaction or side effects of medication: _____

Any necessary emergency response: _____

Signature of Physician

Phone Number

Date

Signature of Parent/Guardian

Phone Number

Date

