

Stroudsburg Area School District
Physician Authorization for Medication Administration During School Hours

The SASD in compliance with the Pennsylvania Department of Health and Education, has established the following rules: **NO medication, including all over the counter medication (e.g. Tylenol, Advil, eye drops, etc.)** , will be administered during school hours without a written authorization from the attending physician and written permission from the parent/guardian.

Medication must be in an original labeled container with pharmacist instructions reflecting current order secured to the container with student name. Medication must be taken to the health office.

Student is responsible to report to the nurse at the appropriate time for their medication to be given. Medication must be administered by the school nurse or principal designee, with the exception of asthma inhalers/EpiPen. Students who choose to carry and self administer asthma inhalers/EpiPen in the school setting, **MUST** have a signed physician's order specifying permission to carry and self administer the medication and that the child is responsible and capable of self- administration. **Students who carry their own inhalers/EpiPen MUST have a 2nd emergency medication in the nurse's office.** At NO time is medication to be carried by students unless a physician's order states that they must do so.

TO THE PHYSICIAN:

(School)

Medication and dosage:

Time: Duration (days, weeks)

Diagnosis:

Special conditions to observe:

****PHYSICIAN: PLEASE INITIAL APPROPRIATE SELECTION BELOW FOR ALL DAILY OR EMERGENCY MEDICATIONS (INHALER, EPIPENS, ETC)****

During field trips the medication noted above will:

- 1 _____ Be omitted the day of the trip
- 2 _____ Be given before/after field trip during regular school hours
- 3 _____ Be self-administered on field trip by student under direct supervision of District staff member. The parent/guardian will provide a properly labeled, original medication container from the pharmacy that includes only the amount of medication that will be needed for the trip.
- 4 _____ Be administered by parent/designated guardian accompanying student on trip. The parent/guardian will provide a properly labeled, original medication container from the pharmacy that includes only the amount of medication that will be needed for the trip.

****PHYSICIAN: PLEASE INITIAL APPROPRIATE SELECTION BELOW REGARDING SELF ADMINISTRATION
OF INHALER/EPIPEN IN SCHOOL****

_____ The student **has permission** to carry and self- administer an asthma inhaler/EpiPen during schools hours. This student is qualified and has demonstrated the ability to self- administer an asthma inhaler/EpiPen.

The student **does NOT have permission** to carry and self-administer an asthma inhaler/EpiPen during school.

(Date)

(Phone/ Fax No. of Physician)

TO THE PARENT:

I authorize the Stroudsburg Area School District to administer the above medication as prescribed. I do hereby release, discharge, and hold harmless the Stroudsburg Area School District agents and employees from any and all liability and claim whatsoever for the administration / self-administration of the above medication to my child should they develop an adverse reaction from the medication.

Date _____