

COMPLETE THIS FORM FOR MEDICATION TO BE KEPT AT SCHOOL

York Suburban School Board Policy On Issuing Medication to Students

To Parents/Guardians:

The York Suburban School District recognizes that parents have the primary responsibility for the health of their children. It is our procedure to request that medication be given before or after school hours whenever possible. If it is essential that the student receive any medication during school hours, the following must be completed or no medication will be given.

TO BE COMPLETE BY PHYSICIAN

Student Name

Grade/Homeroom

Medication: _____
Name of Medication Dose Time to be given

Length of time to be given: _____

Diagnosis/reason for taking medicine: _____

Possible side effects: _____

Cessation/adaptation of specific school activity: _____
(sports/shop/lab/driver's ed., etc.)

Emergency response to be utilized in case of untoward action of medicine: _____

Physician's Signature: _____ Date: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I give my permission for the school district personnel to administer the above medication to my child during school hours.

Parent Signature: _____ Date: _____

Parents, please be aware of the following:

1. Parents are requested to bring medication to school.
2. Medication must be in its original container – labeled by pharmacy.
3. Students are not allowed to carry any medication with them without written permission from a physician. If your child needs to carry an inhaler or EpiPen, for example, please complete the "Permission for Self-Administration" medication form.
4. Medication left at school at the end of the year or after doctor's order indicates will be discarded after a reasonable time.

REMINDER: The school nurse will not be available before school and after dismissal. If your child requires medication before or after school, please contact the nurse to get a "Permission for Self-Administration" medication form.