

No. 210-AR

ANTIETAM S.D.

ANTIETAM SCHOOL DISTRICT

GUIDELINES FOR THE ADMINISTRATION OF MEDICATION TO STUDENTS

1. The following guidelines assume the definition of medication to be 'prescription' drugs.
2. Any student who brings medication to school must give it to the school nurses or secretary for appropriate storage during school hours.
3. All medication must be labeled:
 - a. Name of student.
 - b. Nature of illness.
 - c. Name of medication.
 - d. Dosage to be given.
 - e. Date(s) and time when the drug should be given.
 - f. Name of physician.
 - g. Specific instructions, i.e., should be taken with water, juice, etc.
 - h. Parents' signature.
 - i. Date of request.
4. Students must report to the Health Room or the School Office if the nurse is absent for the medication at the prescribed time.
5. Medication will be administered only by the school nurse or a secretary upon written request of a parent, documented by a prescription from a physician.
6. Faculty activity advisors or athletic coaches who are responsible for students during non-school hours may administer medication to students upon written request of a parent, documented by a prescription from a physician. The written request should include items a-i, as outlined in Step #3

above.

ANTIETAM JUNIOR/SENIOR HIGH SCHOOL
100 Antietam Road
Stony Creek Mills, Reading, Pennsylvania 19606

DATE: _____

GRADE: _____

TO WHOM IT MAY CONCERN:

My daughter/son

_____ is on medication which has been prescribed by
Dr. _____.

I hereby request that the school nurse administer/supervise
this medication to be taken by my daughter/son.

I hereby release and hold harmless any person carrying
out the instructions contained in this authorization.

(Signed) _____
Parent or Guardian

Nature of Illness _____

Name of Medication _____

Time of Administration _____ Dosage to be given

Type of Administration _____ oral _____ Im injection _____ sq.
injection _____ rectal.

Specific side effects _____

Specific instructions _____

If more than one medication is to be given, please repeat
all the information on back of this form.

ANTIETAM SCHOOL DISTRICT

Administrative Offices - 100 Antietam Road
Stony Creek Mills, Reading, Pennsylvania 19606

STUDENT NAME _____
DR. _____

DATE _____
GRADE _____

TO WHOM IT MAY CONCERN:

I hereby request that the school nurse (designate in her absence) to administer/supervise medication.

I hereby release and hold harmless any person carrying out the instructions contained in this authorization.

Signed _____

Parent/Guardian

Please circle those medications approved and for what reason to be given and dosage.

Tylenol - 1 or 2 tablets - headache, muscle ache, fever, cramps, other i.e., toothache, pain from braces, etc.

Given every 3-4 hours only
Given by mouth only
Any specific instructions
Any side effects

Ibuprofen - (Generic of Advil & Midol) 1 or 2 tablets - headache, muscle ache, fever, cramps, other, i.e., toothache, pain from braces, etc.

Given every 3-4 hours only
Given by mouth only
Any specific instructions
Any side effects

Maalox - Stomach upset/distress - 1 or 2 tablets (chewed)

Given every 3-4 hours only
Any specific instructions
Any side effects

ANTIETAM JR./SR. HIGH SCHOOL
HEALTH UPDATE

NAME: _____ CHANGE OF
ADDRESS: _____ ONLY

PARENT(S) / GUARDIAN: _____

DOCTOR (CHANGE ONLY) _____ EMERGENCY
#: _____

GRADE: _____ HOSPITAL
PREFERRED: _____

ALLERGIES: _____

HEALTH
PROBLEMS/INJURIES: _____

RECENT
IMMUNIZATION/BOOSTERS: _____

(DATE & TYPE)

MEDICATION TAKEN ON A REGULAR
BASIS: _____

ANY PRESCRIBED MEDICATION NECESSARY TO BE TAKEN DURING
SCHOOL HOURS:

OTHER: _____
