

**Cocalico School District Health Services  
Medication Administration Permission Form**

The Cocalico School District recognizes that to insure good health and best educational conditions, it is sometimes necessary for pupils to receive medication during school hours. School district policy limits the administration of medications in school to only those absolutely necessary. Whenever possible, medication should be given to students at home, before or after school. Please see district procedure(s) on the reverse side or full policy on the CSD website.

If you have any questions regarding medication administration, please phone your child's school health room.

I hereby grant permission for the nurse, or any person authorized by the school, to administer the medication listed below. If a medical necessity arises, the nurse may contact the prescribing professional to discuss this medication.

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name of Medication \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Time to be given \_\_\_\_\_ Amount to be given \_\_\_\_\_

Duration of Order \_\_\_\_\_

\_\_\_\_\_ Inhalers/epi-inject only- Student may self-administer **yes no**  
Date \_\_\_\_\_ Signature of Parent required for all medication administration \_\_\_\_\_ See statement on reverse concerning this procedure.

**The following sections are REQUIRED to be completed by the prescribing health care provider for all medications**

Medication _____	Dose _____	Frequency _____
Diagnosis _____	Side Effects _____	
In the event of a field trip, it is permissible to have this student's medication temporarily withheld- Yes No		
Given at an alternate time? Yes No		
If no, please explain what is medically appropriate: _____		
Physician Name:(print) _____		Date: _____
Physician Signature _____		Office Phone Number _____
<b>THIS SECTION IS ALSO REQUIRED IN ORDER FOR STUDENT TO CARRY AND SELF-ADMINISTER AN INHALER OR EPINEPHRINE AUTO INJECTOR</b>		
I request this student be permitted to carry and self-administer his/her asthma inhaler/ Epi Auto Injector <b>Yes No</b>		
As the health care provider for this student, I verify that he/she has been taught proper use of his/her inhaler/ Epi Auto Injector, has adequate knowledge of asthma/anaphylaxis and how to control it, and is thought to be responsible enough to carry his/her inhaler/ Epi Auto Injector and use it properly without supervision.		
Physician's Signature _____		Date _____
Physician's Printed Name _____		Office Phone _____

**For Health Room Use Only**

**Signatures/Initials- if needed, use reverse**

Date	Date	Date	Date	Date	Date

Date	Date	Date	Date	Date	Date

## Cocalico School District Medication Administration Procedures

Refer to [www.cocalico.org](http://www.cocalico.org) for full policy

- Medications must arrive in their original containers, labeled by a pharmacist or a physician with medication name and correct dosage information and must be accompanied by this completed permission slip signed by the physician and the parent/guardian. All over the counter medications must also be in the original containers.
- All over the counter medications require a physician's prescribing information to be administered in school. The prescribing information must include, dosage and frequency.
- Elementary students are not permitted to transport any medication to or from school.
- Secondary students may transport medication to school (*except as below*), but it must be delivered to the health room immediately upon arrival-This procedure is at the discretion of the school nurse and administrator and may be rescinded at any time.
- Any medication which comes under the law of controlled substances (such as Ritalin, Adderall) must be delivered by the parent or other responsible adult, to the school nurse, including secondary.
- Students are expected to come to the health room at the appropriate time to take their medication.
- Any medications remaining in the nurse's office past the last school day, will be discarded.
- New physician's orders are required for each school year.
- Students who request to carry and self-administer medications (such as inhalers or epinephrine auto injectors) are permitted to do so with the school nurse's permission and written permission by a parent/guardian **and** physician. By signing the statement on the reverse side, the parent is attesting to the following statement:
  - As the **parent/guardian**, by circling yes on the reverse side, I give permission for my child to carry and self-administer his/her **asthma inhaler, Epi-injector- or others per district policy**. I agree that my child will demonstrate to the school nurse the proper use and technique for carrying and self-administering this medication and will notify the nurse after any dose is taken. I acknowledge the school bears no responsibility for ensuring that the medication is taken or properly self-administered, and understand that neither the district nor any of its employees or designees shall be held liable for any injury resulting from self-administration. I agree that if my child abuses this privilege, or is not in compliance with its prescribed use or school policies, school personnel may confiscate the medication and the district will remove my child's privileges to carry the medication.

**Nurse Signatures/Initials-**

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