

**MARPLE NEWTOWN SCHOOL DISTRICT
NEWTOWN SQUARE, PENNSYLVANIA 19073
HEALTH SERVICES DIVISION**

Physician/Parent or Guardian Authorization – In School Medication

PRESCRIPTION MEDICATIONS

District policy states that in order to give prescription drugs at school, the School Nurse needs the following for each medication:

- A signed order from your child’s physician or other health care provider. The form below is provided for your convenience.
- Signature from parent/guardian
- Medication must be provided in the pharmacy prescription container

The above requirements must be renewed every school year.

Parent/Guardian must bring medication into school – not the student.

NON-PRESCRIPTION MEDICATION

Parents are encouraged not to send in over the counter (OTC) medications for the School Nurse to administer unless it is recommended by your child’s health care provider. OTC medication can be given for 10 consecutive days without a physician’s order. If OTC medicine **MUST** be given during the school day, for less than 10 days the following is necessary:

- Medication provided by the parent in the original container
- Medication labeled with student name, date, dosage and directions.
- Parent/guardian must bring medication into school-not the student

Please note: Prescription or OTC Medication that is not in the original container will not be permitted in school and cannot be carried by the student unless certain conditions are met. See your School Nurse for further information.

STUDENT NAME: _____ GRADE _____ TEACHER _____

IDENTIFICATION OF MEDICATION: _____

DOSAGE/ROUTE (ORAL, TOPICAL, ETC): _____

TIME(S) FOR DOSAGE: _____

DIAGNOSIS: _____

SPECIAL INSTRUCTIONS: _____

NAME OF PHYSICIAN/DENTIST: _____

TELEPHONE NUMBER OF PHYSICIAN/DENTIST _____

SIGNATURE: _____ DATE: _____
(Physician/Dentist if copy of prescription is not provided)

SIGNATURE: _____ DATE: _____
(Parent/guardian signature)