



Section: Pupils

Title: Administration of Medication

Adopted: 1-15-75

Revised:

210 Administration of Medication

The administration of medication by school nurses to students of the Colonial School District shall be permitted in cases approved and authorized by the school physician. Such approval will be given only upon the completion and filing of the following two forms giving permission of the parents at the request of the attending physician.

- a. Letter to be signed by both parents –

TO: Colonial School District
Plymouth Meeting, Pennsylvania

RE: _____ (Name of Pupil)

Gentlemen:

We the undersigned, parents/guardians of the above named pupil enrolled in your school district, wish to advise you that this child is now under treatment by Dr. _____; that we have been advised that the child's condition is such that treatment or medication may be required while in attendance at school or while under the jurisdiction of the school authorities. We have requested the child's physician to furnish such instructions as may be required to provide for the administering of treatment and/or medication by any registered nurse employed by the school district when same are needed.

We request that you accede to and comply with any instructions that you may receive from this physician and in consideration thereof we do relieve and release Colonial School District, its servants, agents and employees, including but not limited to, such registered nurse as may administer treatment and/or

medication to the said child, from all liability for any damage or injury to us, or to either of us, or to the said child, by reason of any action taken, or by reason of any failure to take action, pursuant to such request or instructions as may be given by the child's physician.
(Signed by both Parents)

b. Letter to be completed and signed by physician –

TO: Colonial School District
Plymouth Meeting, Pennsylvania

Gentleman:

Please be advised that I am the physician engaged by the family of _____ who is enrolled as a student in your school district. This child is now under my care for the following condition:

_____ because of which it may be necessary for him/her to receive medication and/or treatment during times when he/she is attending school. I authorize and request that you convey to whatever registered nurse is employed by your school district, and who is at any time on duty at the school or at the place where this child is in attendance, to carry out the following instructions:

Upon the appearance of the following symptoms:

Administer the following medication and/or treatment:

Signed: Physician.

Date: _____

The school physician shall review the above materials submitted to him and approve or deny the request based on his medical opinion. If the request is approved he shall give instructions to the nurse directing the administration of the medication.

All such requests shall be forwarded to the school physician with appropriate materials accompanying. After taking action on the request, the school physician will return the materials to the building principal who will then communicate them to the school nurse.