Chambersburg Area School District
435 Stanley Ave.
Chambersburg, PA 17201
263-9281

Dear Parent/Guardian:
In order to insure the optimum health and safety for your child, please note:

Beginning with the next school year, 2010-2011, the Chambersburg Area School District will no longer be providing over the counter standing order medications to students.

No medication, **prescription or over the counter**, will be administered by the nurses of the school district unless specific **written** instructions for the individual student are received from a physician. The order must include all of the following information:
- Name of the student
- Name of the medication to be given
- The exact dose of the medication to be administered
- The frequency that the medicine may be given
- The physician’s signature. (This cannot be a stamp of the doctor’s name nor can it be written by office staff.)
- The parent/guardian signature

Medication orders for inhalers and epi-pens must note that the student is allowed to carry and self-administer these medications, if the physician feels the student is capable of self-administering these medications.

For your convenience a district medication form is attached to this letter if your child must have prescription or over the counter medications during school hours.

Any prescription medication must be in a properly labeled pharmacy container. The instructions on the order must match the instructions on the pharmacy container or the nurses will not be able to administer the medication to your child.

Any over the counter medications ordered by the physician must be provided by the parent/guardian and sent to school in the original container with the student’s name written on the bottle/package in ink or permanent marker.

Our objective is to promote, protect and maintain the health of all students during school hours and we ask for your cooperation in this endeavor. If you have any questions or concerns, you may refer to the district web site or contact your child’s school nurse. We look forward to working with you and your child in the upcoming school year.

School Health Services
Chambersburg Area School District
CHAMBERSBURG AREA SCHOOL DISTRICT
SCHOOL HEALTH SERVICES
PRIVATE PHYSICIAN’S REQUEST FOR PRESCRIPTION AND NON-PRESCRIPTION
MEDICATION DURING SCHOOL HOURS

PA. State Board of Nursing Regulation PA Code 49: § 21.14 (a) A licensed registered nurse
may administer a drug ordered for a patient in the dosage and manner prescribed. § 21.145 (1)
The LPN may accept a written order for medication and therapeutic treatment from a practitioner
authorized by law and by facility policy to issue orders for medical and therapeutic measures.

Student’s Name ___________________________ Date __________________

School ___________________________________ Grade ____________

Diagnosis _____________________________________________

Name of Medication ________________________________

Dosage ___________________________ Frequency/Time ___________________________

Duration of Medication Administration _____________________________

May carry and self-administer medication such as inhaler, EpiPen  ____Yes  ____No

Curtailment/Limitation of Normal School Activities (i.e. sports, shop, driver’s education,
lab, etc.) ________________________________________________

_________________________________________________________________

_________________________________________________________________

Physician’s Signature __________________________ Date __________________

_________________________________________________________________

Physician’s Name Printed __________________________ Phone ____________________

I hereby grant permission to the Chambersburg Area School District personnel to administer the
above medication to my child. For the safety and protection of your child and all other students,
School Health Services strongly recommend that the parent/guardian deliver the medication and
this form to the school nurse, office or designee. It is the procedure of the Chambersburg Area
School District to administer medication during school hours only when absolutely necessary. To
protect your child and other students, the parent/guardian must complete and return this form if
the child must take medication during the school day. Prescription medication must be sent to
school in the original container. For an over-the-counter medication, attach a label to the original
container with the student’s name, amount to be taken and how often it can be given. Do not
send substitute containers to school.

_________________________________________________________________

Signature of Parent/Guardian __________________________ Date __________________

Medication Form 01/01, 08/02, 07/08, 04/09