

**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 _____

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** _____