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