



# East Catholic School

2001 Ardmore Blvd.  
Pittsburgh, PA 15221  
Phone: 412-351-5403  
Fax: 412-273-9114

[www.eastcatholicsschool.org](http://www.eastcatholicsschool.org)

## MEDICATION PERMISSION FORM

### TO BE COMPLETED BY PHYSICIAN:

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Room: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Length of time treatment is to take place\*: \_\_\_\_\_

\*School Policy requires a new order for each school year.

Possible Side Effects: \_\_\_\_\_

Student Restrictions: \_\_\_\_\_

**Inhalers: Student is qualified, able to carry and self-administer the inhaler: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Epinephrine: Student is qualified, able to carry and self-administer the Epinephrine: Yes \_\_\_\_\_ No \_\_\_\_\_**

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Prescribed medication must be in original labeled bottle. Send only the amount needed.**

### TO BE COMPLETED BY PARENT:

I agree to comply with the regulations listed on the reverse side of this form. I will take full responsibility for the prescribed medication, which is to be taken by my son/daughter during school hours. I relieve East Catholic School and its employees of any responsibility for the benefits or the consequences of the medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_



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### **ADMINISTERING MEDICATIONS TO STUDENTS**

**Pennsylvania State Law governs the administration of all medications, including over-the-counter medications. The law forbids administration of any medication without a licensed prescriber's written order and signed permission by the parent or guardian. East Catholic School recognizes that when students' health needs make it necessary for medication to be taken during school hours, certain procedures must be followed.**

1. **Written Order** – Prescription medications **and** over-the-counter medications will not be administered without providing the school with a written order from a licensed prescriber. The pharmacy label does not suffice as this written order.
2. **Written Parent Permission** – The school must also be supplied with written parent or guardian permission in order to have any medications given at school.
3. **Types of Medications Given at School** – Only essential prescribed medications will be given at school. Pre-planning will permit most medications to be administered at home. Self-medication by students is not permitted. Exceptions will be made for any student with asthma or severe allergy, whose parent has requested that the student carry and administer his or her Inhaler or Epinephrine.
4. **Prescription Medications** – For prescription medications required at school, please request that your pharmacist supply a separate, properly labeled, pharmacy medication bottle.
5. **Over the counter Medications** – Medications must be in the manufacturer's original packaging and labeled by the parent with the student's name.
6. **Transporting Medications** – Students should not carry medications to or from school. A responsible adult should bring medications to the school office.
7. **Yearly Medication Order** – For those medications that extend from one school year to the next, a new order from the licensed prescriber and new parent permission must be provided for each school year.

**Noncompliance with the above policy will result in the medication not being given at school.**

**\*\*Licensed Prescriber and Parent must complete the reverse side of this form and return it to the school office\*\***