

**CUMBERLAND VALLEY CHRISTIAN SCHOOL
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.” PA code 49 § 21.145 (1) states: “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

May carry and self-administer medication such as inhaler, EpiPen **on field trip only** Yes No

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

_____ **Health Care Provider's Signature** _____ **Date**

_____ **Health Care Provider'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 after the child's health care provider has completed it. It is the procedure of the Chambersburg Area School District to administer medication during school hours only when absolutely necessary. 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**