

CARLISLE AREA SCHOOL DISTRICT  
OFFICE OF SCHOOL NURSE

**Medication Permission Form**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Parents: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**To authorized school personnel:**

I hereby request and authorize you to give: \_\_\_\_\_

(Dose and Medication)

as prescribed by Doctor \_\_\_\_\_ . **I give permission to the school nurse to consult my child's health care provider with any concerns about medication-related issues** and I release school personnel from liability should reactions result from the medication .In case of an anaphylactic

reaction, follow-up care and transportation are to be as follows:

\_\_\_\_\_  
(Parent's Signature)

**To be completed by Physician**

**To authorized school personnel:**

I prescribe \_\_\_\_\_  
(medication) (dose) (time)

to be given to: \_\_\_\_\_ by school personnel during school hours for

reasons stated: \_\_\_\_\_

\_\_\_\_\_ Serious reaction could occur if medication is not given exactly as prescribed.

Explain: \_\_\_\_\_

\_\_\_\_\_ Serious reaction can occur even when medication is administered as prescribed.

Explain: \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Address)

CARLISLE AREA SCHOOL DISTRICT  
HEALTH SERVICES

**Medication Policy**

**Please read and save this form (see reverse side) to use when needed.**

**1. Prescription Medication**

- a. All prescription medication must be in a prescription bottle with a current date and the name of the student on the bottle.
- b. A written order from the physician and a note from the parent/guardian stating how many days the prescription is to be given **MUST** accompany the prescription. Please use form on reverse side.
- c. Medication that is to be given 3 times a day may be given before school, after school, and at bedtime at home.
- d. Only the doses to be given at school should be brought to school. For a long term medication, a 4 weeks' supply may be sent to school.
- e. Medications that are controlled substances (CII) : These must be counted and a medication receipt signed off by the nurse and the parent when delivered to the school. Only the building principal or the building nurse are permitted to release controlled medications back to the *legal guardian*, and a medication receipt must be completed for any medication being returned.

**2. Non-Prescription Medication**

Parents may send a non-prescription medication to school with their child provided it is kept in the nurse's office and is accompanied by a note from the parent requesting that it be given. The medication **MUST** be in its original container or packaging. No unlabeled tablets in envelopes or baggies will be given.

Permission is given to the school nurse to give the student acetaminophen (Tylenol) or an antacid by signing the back of the Emergency Form that is issued every September. In addition, ibuprofen may be given, at the nurse's discretion if the nurse receives permission on the Emergency Form signed by the parent/guardian.

**3. Self-Administration of Medication**

Carlisle Area School District has a policy of student self-administration whenever possible. This policy allows unlicensed personnel to monitor the taking of medication by a student whenever the school nurse is not in the building. This is particularly pertinent to our elementary schools. Self-administration is applied whenever a student is deemed competent to do so.

If a student does not meet the criteria for self-administration, the following practice will be observed. Each week the certified school nurse will measure/pour medication for each day for that student into a 5 day unit dose container from which the medication can be dispensed by an unlicensed person

**Please see reverse side for Medication Permission Form.**