

In anticipation of the next school year, I am sending this home now. Please have your child's physician complete the medication form. Return it at the end of August or on the first day of school in September. **REMEMBER THAT WE MUST HAVE A PHYSICIAN'S NOTE IF YOUR CHILD NEEDS TO CARRY HIS/HER INHALER.**

**NORTH PENN SCHOOL DISTRICT
LANSDALE, PA 19446**

MEDICATION POLICY

PRESCRIPTION MEDICATION:

1. Sent to school in original container from pharmacist *
2. Accompanied by a note signed by the parent/guardian giving school nursing personnel permission to dispense
3. Accompanied by a note signed by the physician which has complete instructions for dispensing

OVER-THE-COUNTER MEDICATION:

1. Sent to school in original container labeled with student's name
2. Accompanied by note signed by parent/physician with complete instructions for dispensing.

Medication must be brought directly to the nurse's office by the student **BEFORE** going to the classroom.

MEDICATION MAY NOT BE CARRIED BY STUDENTS IN THE SCHOOL BUILDING.

* 2 bottles should be requested from pharmacy – one for home and one for school.

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Date _____

Student's Name _____ School _____

Grade/Homeroom _____ Homeroom Teacher _____

Date of Birth _____ Sex _____

Name of Medication ** _____ Dosage _____

Procedure _____

Reason for Medication _____

Duration of Treatment _____

If you have any questions, please contact: _____
Name Phone

Parent/Guardian Signature

Physician Signature

**** All medication must be brought to school in the original container.**