

**New Hope-Solebury School District
School Health Services**

MEDICATION/TREATMENT DISPENSING FORM

The following to be completed by the licensed prescriber

Patient's name _____	Date _____	
Name of medication _____		
Dosage _____	Time to be given _____	Route _____
Reason for Medication/Treatment _____		
Directions _____		
Effective dates _____ to _____		
Allergies _____		
<p>It is my understanding that the employees of the New Hope-Solebury School District charged with the administration of this treatment/procedure during school hours may rely on directions contained in this document. I further certify that I am the physician/dentist who prescribed the treatment/procedure and that the student named above is under my supervision as a patient.</p>		
Licensed Prescriber signature _____		
Licensed Prescriber name printed _____		Phone: _____

Parent/Guardian Consent

I give my permission for my child, _____, to receive the following medication ordered by a licensed prescriber during the school day and release the New Hope-Solebury School District and its employees from liability for any damages my child may suffer as a result of this request. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions.

Parent/Guardian signature _____ Date _____

Parent/Guardian name printed _____ Phone: _____

New Hope-Solebury School District School Health Services

Guidelines for the Administration of Medication during School Hours

The New Hope-Solebury School District recognizes that parents have the primary responsibility for the health of their children. Although the District strongly recommends that when medication is needed it be given at home, it realizes that the health of some children requires that they receive medication while in school. Parents should confer with the child's physician to arrange medication time intervals to avoid school hours whenever possible. When medication absolutely must be given during school hours, certain procedures must be followed:

ALL Medications (Prescription, Over the Counter and Homeopathic) must:

- be brought to school by an adult and delivered to health office.
- be in original pharmacy container with pharmacy label (no loose pills in bags/envelopes), including inhalers and Epi-pens.
- be accompanied by a completed NHSD medication dispensing form signed by parent and prescribing doctor or with hard or faxed copies of medication orders with written signature attached. No phone or email orders accepted.
- be counted and signed for by an adult if medication is a controlled substance.

In addition-

- New Forms must be completed if there is a change in medication or dosage.
- A parent/guardian may come to school to administer medication to their child if the required medication dispensing form is not completed.
- Under no circumstances will the first dose of an antibiotic be given at school due to the risk of an adverse reaction.
- The School Nurse reserves the right to withhold administration of an Over the Counter (OTC) medication within the first two hours and the last one hour of the school day to protect the student from excessive medication ingestion.

Self administration of Emergency Medication (Asthma inhalers and Epi-pens)

- A Self Administration of Medication form must be completed by both the prescribing doctor and parent.
- Students must report to the Health office after all self administrations of medication for follow up and evaluation.