

FRIENDS SELECT

**MEDICAL ADMINISTRATION PERMISSION FORM  
2009-2010**

In accordance with the law of the Commonwealth of Pennsylvania, students who need to take medications during the school day must bring the medication to the nurse to be stored and locked in the nurse's office. These medications may be administered only in the presence of the school nurse and must be in the original prescription bottle in order to be dispensed.

- All students taking daily medication must provide the school with a "Medical Administration Permission Form" when the medication is brought to school. Prescription medications must be in the original vial as received from the pharmacy *and include a signed note from a physician giving permission to administer medication.* Over-the-counter medications must be in an unopened container, clearly labeled with the child's full name.
- In addition to the dosage necessary on a daily basis, students taking daily medication for a life-threatening illness (e.g., diabetes, asthma, epilepsy, acute psychiatric disorder, severe allergic reaction, heart condition, etc.) must also bring in an additional 3-day supply to the school for use in an emergency. Each such medication must be in the original vial as received from the pharmacy and be accompanied by a "Medical Administration Permission Form," as noted above.

**Student Name** \_\_\_\_\_

**Teacher/Room #** \_\_\_\_\_

**Name of Medicine** \_\_\_\_\_

**Time(s) to be given** \_\_\_\_\_

**Date(s) to be given** \_\_\_\_\_

**Reason given** \_\_\_\_\_

**Name of Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Please check appropriate box below for this medication:**

For daily medication (note preference for return or storage at school)  
 return medication at the end of the day       keep medication at school

For 3-day emergency supply (to be kept at the school)

**Comments that will help with the care of your child:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I give permission to the Friends Select school nurse to administer the above medicine as indicated.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Emergency Contact #**