

MEDICAL ADMINISTRATION PERMISSION FORM 2020-2021

In accordance with the law of the Commonwealth of Pennsylvania, students who need to take medication or have emergency medication available during the school day must bring the medication to be stored and locked in the nurse's office.

- All students taking daily medication must provide the school with a completed Medical Administration Permission Form.
- **Each** medication requires its own individual form. Prescription medication must be brought to school in the pharmacy dispensed bottle indicating name, dose and schedule. Over-the-counter medications must be clearly labeled with the student's full name. For your convenience the required written information and signature lines are incorporated on this form.
- Students taking daily medication for chronic illness or routine use during non-school hours must provide school with a 3 day supply to be used in the event of an emergency. As stated above, **each** medication must have prescription information and a completed Medical Administration Permission Form.

Student Name _____

Medication _____

Dose and Schedule _____

Reason/Condition for prescribed medication _____

☐ daily medication

☐ 3-day emergency supply

Signature of Physician

Date

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

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Emergency Contact #

Return by
August 14, 2020 to:

Friends Select School
17th & the Benjamin Franklin Parkway
Philadelphia, PA 19103-1284

Tel: 215-561-5900
FAX: 215-864-2979