

**Gettysburg School District  
Gettysburg, Pennsylvania  
Procedure for Administration of Medication at School**

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_ School Year: \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY THE PARENT/GUARDIAN**

I give permission to the school nurse to administer medication to the above named child in accordance with the physician's instructions, and communicate with the above named physician in regard to this medication/treatment. I understand that every effort will be made by school staff to administer the medication in a timely manner. I understand that this medication must be furnished to the school in accordance with district policy outlined on the reverse side of this form. I am aware that medications other than EpiPen and inhaler will not be sent on field trips.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For inhaler and EpiPen only:** I give permission for my child to carry and self-administer his/her prescribed asthma inhaler/EpiPen (circle one). Yes  No

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN**

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Diagnosis or reason for medication \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Physician Signature \_\_\_\_\_

License Number \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION IS REQUIRED IN ORDER FOR STUDENT TO CARRY AND SELF-ADMINISTER AN  
INHALER OR EPIPEN**

I request this student be allowed to carry and self-administer his/her asthma inhaler/EpiPen (circle one).  
Yes  No

As the health care provider for this student, I verify that he/she has been taught proper use of his/her inhaler/EpiPen, has adequate knowledge of asthma/anaphylaxis and how to control it, and is thought to be responsible enough to carry his/her inhaler/EpiPen and use it properly without supervision.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Student's self-administration of inhaler/EpiPen approved by: \_\_\_\_\_ RN, School Nurse

**Gettysburg School District**  
**Gettysburg, Pennsylvania**  
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Dear Parent/Guardian:

The Gettysburg Area School District recognizes that parents have the primary responsibility for the health of their children and that there are occasions when it is important for the School Nurse to administer medication to students during school hours. When your physician decides it is necessary for your child to receive medication during the school day, his/her signature and specific directions must be provided to the school. (The physician and parent will provide the necessary information by using the reverse side of this form).

The medication (PRESCRIBED OR OVER THE COUNTER) must be brought to school by a parent or other responsible adult, in the original container and must be labeled as follows:

- |    |                    |    |                                |
|----|--------------------|----|--------------------------------|
| 1. | Name of student    | 3. | Dosage of medication           |
| 2. | Name of medication | 4. | Time medication is to be given |

To provide a safe environment for your child and other students, all medication will be kept in the health room. Your child will report to the health room when he/she is scheduled to take the medication. Any unused medication will be destroyed unless a parent comes to school for it.

For Inhaler/EpiPen Self-Administration – by signing on the reverse side of this form:

1. I authorize the Gettysburg School District and its employees to allow my child to possess and use his/her asthma inhaler/EpiPen
  - a. while in school
  - b. while at a school-sponsored activity
  - c. while under the supervision of school personnel
  - d. before or after school hours
2. I agree that my child will demonstrate to the school nurse the proper use and technique for self-administration of the asthma inhaler/EpiPen.
3. I agree that my child will notify the school nurse or qualified school personnel immediately following each use of the asthma inhaler/EpiPen.
4. I acknowledge that the school bears no responsibility for ensuring that the medication is taken or properly self-administered. It is recommended for the protection of the child that a second inhaler is kept in the nurse's office in case the student does not have his/her inhaler/EpiPen.
5. I understand that neither the district nor any of its employees shall be held liable for any injury resulting from self-medication, and I agree to indemnify and hold harmless the school district and its agents against any related claims.
6. I agree that if my child abuses or ignores this privilege, school personnel may confiscate the asthma inhaler/EpiPen, the district will remove my child's privilege to carry the medication, and disciplinary action in accordance with Board Policy will result.

Field Trip Medication Guidelines:

Field trips, before or after school and summer programs and activities present several challenges to the school health program. Schools must be cognizant of the fact that regardless of setting or time of the year, all federal and state laws and regulations, and clinical standards that govern the practice of safe medication administration continue to apply. For example, taking medication from the original container and placing it in another container or envelope and re-labeling it for administration by school personnel could be considered dispensing. Dispensing or delegating the administration of medications is not within the scope of the nursing practice; therefore, GASD nurses are not permitted to dispense medications for field trips with the exception of the emergency inhaler or EpiPen.

**NOTE: REQUESTS ARE EFFECTIVE FOR CURRENT SCHOOL YEAR ONLY AND MUST BE RENEWED ANNUALLY OR WHEN THERE IS A CHANGE IN PRESCRIPTION**