



PINE GROVE AREA SCHOOL DISTRICT

Promoting Growth, Achievement, Success and Direction for ALL Children!
P.G.A.S.D. For ALL Children!



SCHOOL HEALTH SERVICES

2010-2011 School Year Medication Order

It is this school district's policy to request that medications be given before or after school hours. When this is not possible, prior to receiving the medication (prescription or non-prescription) at school, each student must provide the school nurse with a Medication Order signed by a licensed prescriber and the student's parent/guardian. All medications must be in the original container. This form is valid only for the current school year.

Name of Student

Date of Birth

Medical Problems

Allergies

Name of Medication

Dosage

Route

Diagnosis / Reason for Taking

Frequency / Time of Administration

Discontinuation Date

Specific Directions

- Student may self test blood glucose
- Student may self administer insulin
- Student may carry and self administer Epi-pen
- Student may carry and self administer inhaler

Additional Information (Side effects, contraindications, etc.)

Other Medications Currently Taking

Licensed Prescriber's Signature

Date

Licensed Prescriber's Name Printed

Licensed Prescriber's Phone Number

I give permission for the above medication to be given to my child during school hours. I understand that the medication will be given according to my child's licensed prescriber's directions. I do hereby release, discharge, and hold harmless the Pine Grove Area School District, its agents and its employees from any and all liability and claim whatsoever for the administration of the above medication to the above named child.

Signature of Parent/Guardian

Date