



NORTHERN TIOGA SCHOOL DISTRICT
Building Opportunities

**Northern Tioga School District
110 Ellison Road Elkland, Pennsylvania 16920**

Authorization for Medications During School Hours Form

Dear Parent/Guardian:

Continued concern for the health and safety of your child in the Northern Tioga School District, and in accordance with state regulations, has adopted a medication distribution policy and procedure. If your child needs to take medicine in school, prescription or over-the-counter, the procedure is as follows:

Over-the-Counter Medication

As a provided service, medication including over-the-counter medication will be administered to students in the regular school setting and only in circumstances when the child's health may be jeopardized without it. Written authorization, by the parent/guardian must be provided for over-the-counter medication being administered to each student.

Prescribed Medication

Prescribed medication will only be administered if a physician's order is accompanied by the medication. Medication must be delivered to the school nurse by the parent/guardian or authorized adult designee in the original medication container and in an amount not exceed a 20- school day supply. Students are not to have medication in their possession at any time per school district drug and alcohol policy (except physician authorized self-administered inhalant medications).

If dosage is changed, new written authorization is required. Authorization will terminate with the expiration of the prescription or at the end of the school year, whichever occurs first. If the medication is discontinued, the parent/guardian must notify the school nurse in writing.

It will be the responsibly of the parent/guardian to make alternative arrangements for administration of medication during activities away from school.

Medication sent to school in violation of this policy will not be administered to a student.

Authorization for Medications During School Hours Form

Important: This form must accompany any/all medications brought to school. It must be completed whenever any medication must be given to a student during school hours in order to maintain sufficient health to remain in school. Medication must be packaged in the properly labeled pharmacy container. If your child requires medication other than the medications listed it will require a physician's order. No exceptions will be made. Written permission from parents cannot be accepted.

Over the counter medication can be given with parental permission.

Physician Authorization

Student: _____

School: _____ Grade: _____ DOB: _____

Severe Allergy: Bee Sting ___ Yes ___ No Food (specify): _____

Other: _____

Medication (generic name)	Dose Frequency	Diagnosis Indication	Side Effects	Duration	Parents – Initial for Consent
Tylenol (on hand at schools)	By weight	Fever, pain	See PDR		
Cough Drops (on hand at schools)	1 Drop	Q 1-2 hours	See PDR		
Ibuprofen (on hand at schools)	By weight	Fever, pain	See PDR		
Antacids (on hand at schools)	1 tab	Nausea, SA	See PDR		
Benadryl (on hand at schools)	By weight	Allergies	Sedation		

Physician Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

*I authorize the Northern Tioga School District to administer the above medication as prescribed. I give permission for exchange of verbal and written communication between the physician and the school nurse regarding my child's medication regimen. I do hereby release, discharge and hold harmless the Northern Tioga School District, its agents and employees, from any and all liability and claim whatsoever the administration of the above medication to my child should they develop a reaction from the medication. I understand that the medication must be in a properly labeled pharmacy container. I understand that the Northern Tioga School District bears no legal responsibility for the benefits or consequences of the administration of this medication.