

**CENTRAL WESTMORELAND CAREER & TECHNOLOGY CENTER
MEDICATION ADMINISTRATION PERMISSION FORM**

Student Name _____ Grade _____ AM / PM

Home School _____ Program _____ Instructor _____

Medications should be given at home whenever possible. If medication must be given at school, both a written order from the child's physician and a written consent form from the parent/guardian must be submitted for all medication, prescriptive and over the counter. In order for your child to receive any medication at school, this form must be completed in its entirety and returned to the school nurse. Medication is limited to thirty (30) doses. All medications must be brought to the school nurse in their original container, that is appropriately labeled by the pharmacy or physician by a parent or guardian. All medications will be safely stored in the nurse's office.

A. Parental/Guardian Consent

I give permission for this student to receive the following medication ordered below by a licensed prescriber during the school day. I understand the certified school nurse, or the designated registered or licensed practical nurse will give the medication. I understand medications should be brought to school by a parent/guardian and not carried by the student.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Printed Name: _____ Phone _____

B. Licensed Prescriber Medication Order

Student Name _____ Date _____

Medication _____ Route/Dosage _____

Time of Administration _____ Discontinuation Date _____

Allergies _____

Side Effects _____

Licensed Prescriber Signature _____

Prescriber Name Printed _____

Address _____ Phone _____