



Penns Valley Area School District
Authorization for One Prescribed Medication

No. F - 210A

To be completed by the physician, dentist, or designee licensed to prescribe medication

Print Student's Name

must receive the following prescription or nonprescription medication during school hours in order to maintain sufficient health to participate in the school program:

Table with 2 columns and 10 rows for medication details: Diagnosis/Reason for Medication, Medication, Prescribed dosage, Dispense Time, Special Dispensing Instructions, Start Date, End Date, Possible side effects, Procedures to follow if reaction occurs, Child's allergies.

PRESCRIBERS - Initial Below:

It is necessary that this child carry the above medication for a severe allergic reaction. He/she has shown the ability to carry and self administer this medication as directed by me. He/she understands that he/she must notify the nurse or designee after each use.

It is necessary that this child carry the above asthma medication. He/she has shown the ability to carry and self administer this medication as directed by me. He/she understands that he/she must notify the nurse or designee after each use.

It is necessary that this child carry the above medication for a severe allergic reaction. He/she has shown the ability to carry it, but will need assistance administering it in an emergency situation.

I understand that this authorization is good for current school year only.

Prescriber's signature, Print name, Date

To be completed by the parent or guardian:

I understand that the above prescribed medication must be in the original bottle and that the pharmacy will supply on request by me a duplicate bottle for prescription medication for school use.

I do hereby release, discharge, and hold harmless the Penns Valley Area School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child, should there develop an allergic reaction or other reaction from the medication.

Print Child's Name

I understand that medication is NOT to be transported on district buses/vans and any medication not picked up by me or an adult designee will be discarded. Medications for severe allergic reactions and inhalers may be transported on the bus/van. I understand that this authorization is good for current school year only.

Parent/guardian signature, Print parent/guardian name, Date

Parent must complete the Asthma Inhaler Self-Administration form F - 210B if student is to carry an inhaler.



**Penns Valley Area School District
Authorization for Asthma Inhaler Self-Administration**

No. F – 210B

The attached Authorization for Medication form must be completed by the parent and the health care provider licensed to prescribe medication for any ordered medication to be given to a student in the Penns Valley School District.

A newly passed state law, ACT 187 Asthma Inhaler Bill, is in effect concerning the possession and self-administration of an asthma inhaler by a student.

Under the Asthma Inhaler Bill, a student and the parent who wishes to have the student possess and self-administer an asthma inhaler may do so after the student's health care provider has provided the necessary training to the student in the use of the inhaler. The Authorization for Medication form now has a section concerning self-administration of asthma inhalers which is to be addressed by the health care provider licensed to prescribe medication.

Also, the above health care provider must include on the Medication form:

1. Name of the drug
2. Dose
3. Times when the medication is to be taken
4. Diagnosis or reason the medicine is needed unless the reason should remain confidential
5. The list of any potentially serious reactions that may occur from the medication, and any necessary emergency response.

When a parent authorizes the school to allow the student to self-carry and administer an asthma inhaler, the parent acknowledges that the school bears no responsibility to insure that the student is taking the medication as directed by the health care provider. Each time a student uses the inhaler, he/she must immediately report the use to the school nurse or designee.

The student will be expected to keep the inhaler on his/her person or securely locked away until such time that it is to be used. The inhaler is never to be left where others may get it.

The school shall not tolerate the misuse or abuse of the inhaler and the medication in the inhaler as it could lead to harm to the student or other students in the school. Should the student abuse or ignore the policy's rules and use the medicine for a purpose other than as ordered, the medication will be confiscated and kept under adult supervision. Adult supervision will also be required for future use of the medication. Disciplinary action may be taken if the student misuses or abuses the medication.

I have read and agree to the above, for the use of an inhaler for my child _____
Student's Printed Name

Parent's Signature _____ Date _____

Parent and Health Care Provider must complete Authorization for Prescription Medication Form – 210A