

Medication Administration Consent  
Dallastown Area School District

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher/Rm. #: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Consent:

I give my permission for my child, \_\_\_\_\_, to receive the following medication(s) during the school day. I understand that the medication(s) will be given by school health personnel or designated school administrator.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Medication(s): \_\_\_\_\_

Dosage and Route of Administration: \_\_\_\_\_

Time of Administration: \_\_\_\_\_

Directions: \_\_\_\_\_

Start Date: \_\_\_\_\_ Discontinuation Date \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

\*\*\*\*\*  
If a prescription is required for this medication, a physician's signature is needed.

Licensed Prescriber Signature: \_\_\_\_\_

Licensed Prescriber Name Printed: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*  
The parent/guardian of the above child has reviewed and understands the District's policy on medication, and further understands and agrees that the above signed shall indemnify and holds harmless the Dallastown Area School District, its officers, administrators, employees, representatives, and agents (collectively the "District") from and against any and all liability that arises out of or relates to the distribution of any medication in accordance with this form. This duty of indemnification includes any and all damages, costs or claims, including reasonable attorney fees. The above signed agrees that the District may refuse to administer the medication at its discretion, in which case the above signed will be notified. The above signed understands and agrees that this document is legally binding and is a necessary pre-requisite to the administration of medication.

DALLASTOWN  
 AREA  
 SCHOOL DISTRICT

SECTION: PUPILS

TITLE: USE OF MEDICATIONS

ADOPTED: August 14, 2000

REVISED: July 13, 2007

210. USE OF MEDICATIONS	
1. Purpose	<p>The Board shall not be responsible for the diagnosis and treatment of student illness. The administration of prescribed medication in accordance with the direction of a parent/guardian or family physician to a student during school hours will be permitted only when:</p> <ol style="list-style-type: none"> <li>1. Failure to take such medicine would jeopardize the health of the student.</li> <li>2. The student would not be able to attend school if the medicine were not made available during school hours.</li> </ol>
2. Definition	<p>For purposes of this policy, <b>medication</b> shall include all medicines prescribed by a physician, as well as any over-the-counter medications, i.e., Tylenol, Benadryl, Sudafed, decongestants, antihistamines, etc.</p>
3. Authority SC 510 Title 22 Sec. 12.41	<p>If in order to maintain sufficient health to participate in the school program a student must be given medication during school hours, then the following procedure shall be adhered to:</p> <ol style="list-style-type: none"> <li>1. Whenever possible, parents/guardians are requested to administer medication at home.</li> <li>2. All prescription medications that are to be dispensed during school hours must be accompanied by a written authorization signed by the doctor and parents/guardians. Nonprescription medications may be dispensed with written parental approval indicating name of medication, dosage, time of administration and when last administered, instructions for administration of the medication, and parent/guardian signature.</li> </ol> <p>The Dallastown Area School District shall incur no liability for use of unauthorized drugs.</p>
4. Delegation of Responsibility	<p>Medicines will be dispensed by the nurse, a substitute nurse, nurse's aide, or an administrator.</p>