## CHAMBERSBURG AREA SCHOOL DISTRICT

SCHOOL HEALTH SERVICES

## PRIVATE PHYSICIAN'S REQUEST FOR PRESCRIPTION AND NON-PRESCRIPTION MEDICATION DURING SCHOOL HOURS

**PA. State Board of Nursing Regulation PA Code 49:** § 21.14 (a) A licensed registered nurse may "administer a drug <u>ordered</u> for a patient in the dosage and manner prescribed." PA code 49 § 21.145 (b) states: "The LPN administers medication and carries out therapeutic treatment ordered for the patient."

Signature of Parent/C	Guardian	Date	
I hereby grant permission to the Chambabove medication to my child. For the School Health Services strongly recombine this form to the school nurse, office or completed it. It is the procedure of the medication during school hours only we sent to school in the original container. original container with the student's na not send substitute containers to school	safety and protection of you mend that the parent/guardi designee after the child's he Chambersburg Area Schoo hen absolutely necessary. I For an over-the-counter m me, amount to be taken and	ar child and all other so an deliver the medicated the care provider has all District to administer Prescription medication edication, attach a labor	tudents, ion and  must be al to the
	der's Name Printed	Phone	
Health Care Prov	rider's Signature	Date	
			_
Curtailment/Limitation of Normal Scholab, etc.)	` •	op, driver's education	,
May carry and self-administer medicati	-		
May carry and self-administer medicati			
Duration of Medication Administration			_
DosageF1	requency/Time		-
Name of Medication			_
Diagnosis			_
SchoolGrade		Grade	_
Student's Name		Date	_