

# Elk County Catholic School System

\_\_\_\_\_ School Year

## **AUTHORIZATION TO ADMINISTER MEDICATION AT SCHOOL**

ECCHS/MS- Phone 834-7800  
Fax 781-3441

SMCES- Phone 834-4169  
Fax 834-7830

Student's name: \_\_\_\_\_

Grade: \_\_\_\_\_

Medical condition: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Route: \_\_\_\_\_

Time(s) to be administered at school:

Lunchtime  \_\_\_\_\_ PRN  \_\_\_\_\_ Other: \_\_\_\_\_

On a 2 hour delay schedule, administer medication: [ ] At prescribed time as above [ ] At adjusted time: \_\_\_\_\_ or [ ] Medication should not be administered

Student is able to self administer / carry Emergency Medication with them: **YES** **NO**  
(applicable for inhalers and EpiPens only)

**Health Care Provider: (Physician, Physician Assistant, Nurse Practitioner)**

Name: \_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

*I am fully aware that my child has been placed on medication to be given during the school day as prescribed by my child's health care provider.*

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

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL MEDICATIONS MUST BE BROUGHT TO SCHOOL BY A RESPONSIBLE ADULT**

**All medication must be in the original pharmacy container or over-the-counter packaging. Students may not transport medication to and from school. Parent consent and physician orders expire at the end of each school year. All medication orders must be renewed yearly.**