



# Quakertown Community School District

WILLIAM E. HARNER, Ph.D.  
SUPERINTENDENT  
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## MEDICATION DURING SCHOOL HOURS

Whenever possible, parents/guardians should administer medications at home. However, we realize that at times your child may need to take a medication during school hours. Medication(s) will be administered in school by licensed personnel only in accordance with a written medication order by a licensed prescriber and the written consent of a parent/guardian. This includes prescription, over-the-counter and complementary and alternative medicines.

You, the parent/guardian, **MUST** complete the following:

Child's Full Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

I request that employees of the Quakertown Community School District supervise my child's taking of the medication listed below. I release the school district and its employees from liability for any damages my child may suffer as a result of this request. I understand that this medication may not be shared with another student and that such an act is a violation of the school district's drug and alcohol policy. I give my permission for the School Nurse to speak with the physician regarding this medication prescription.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Prescription and non-prescription medications sent to school must always be in the original container and stored in the nurse's office. Whenever possible, a parent/guardian should deliver the medication to the nurse's office. Students may carry asthma rescue inhalers, EpiPens and diabetes supplies only with a physician's order and demonstrated competency to self-administer these medications.

Your physician **MUST** complete the following:

Child's Full Name \_\_\_\_\_

Medication Prescribed \_\_\_\_\_

Reason or Condition \_\_\_\_\_

Prescribed Dosage \_\_\_\_\_

Time Schedule \_\_\_\_\_

( ) MD to initial: I certify that it is imperative that this child carries the above medication during the school day. This child has verbalized an understanding of when it is appropriate to administer this medication and has demonstrated the ability to self-administer this medication.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Office Stamp/Telephone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Dear Parent/Guardian:

If your child must take medication during school hours, a **Medication During School Hours** permission form must be completed. Please make every effort to plan a medication schedule so that all medications, whenever possible, are taken at home, rather than at school.

Prescription, over-the-counter and complementary and alternative medications sent to school must *always* be in the original container and accompanied by a physician's written order. Parent/guardian's written permission is *always* required when you send in any medication. These medications must be stored in the nurse's office during the school day. However, an exception to this requirement may be made, with a written physician's order, for asthma inhalers, EpiPens and diabetic supplies.

Nurses are assigned to all of our schools. However, a nurse is not present in every building at all times.

The nurse will supervise the taking of the medication if we have parental written permission and the physician's written directions.

You, the parent, have these **OPTIONS** if you supply and wish us to supervise the taking of "over-the-counter" medications when a nurse is **NOT** in the building.

1. The parent may call the nurse and arrange a schedule when the nurse is in the building.
2. The parent may come to school and administer the medication.

Please contact the nurse in your child's school if you have questions.

Sincerely,

William E. Harner, Ph.D.  
Superintendent

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