NAZARETH AREA SCHOOL DISTRICT SCHOOL HEALTH SERVICES

(For confidentiality, fax machines are located in the School Nurse Offices)
School Nurse Office – Nazareth Area High School – Fax: 610-849-0863
School Nurse Office – Nazareth Area Middle School – Fax: 610-759-3262
School Nurse Office – Nazareth Area Intermediate School – Fax: 484-292-1113
School Nurse Office – Bushkill Elementary – Fax: 610-849-0866
School Nurse Office – Lower Nazareth Elementary – Fax: 610-849-0865
School Nurse Office – Shafer Elementary – Fax: 610-849-0862

Administering Medication to Students

Continued concern for the health and safety of your child in the Nazareth Area School District has prompted a change in the medication distribution policy and procedure. **If your child needs to take medicine in school, prescription or *over-the-counter, the procedure is as follows:**

As a provided service, medication including over-the-counter medication will be administered to students in the regular school setting and only in circumstances when the child's health may be jeopardized without it. Written authorization, signed by the physician, psychiatrist, or dentist (original or by fax) and the parent, legal guardian, or emancipated student must be provided for each separate prescription or medication being administered to each student. If dosage is changed, new written authorization is required. Authorization will terminate with the expiration date of the prescription or at the end of the school year, whichever occurs first. If the medication is discontinued, the parent or legal guardian must notify the school nurse in writing.

Medication must be delivered to the school nurse by the parent, legal guardian, authorized adult designee or emancipated student in the original medication container. Students are not to have medication in their possession at any time per school district drug and alcohol policy except physician authorized self-administered emergency medications.

It will be the responsibility of the parent, legal guardian, or emancipated student to make arrangements for administration of medication during activities away from school.

Medication sent to school in violation of this policy will not be administered to a student.

*Over-the-counter:

<u>Does not</u> apply to cough drops, but <u>does</u> include aspirin, Tylenol, herbal supplements, Ibuprofen, and antacids, etc., in which case a one school year standing order from the child's personal physician will be accepted.

OVER

AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

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The Nazareth Area School District requires a <u>physician's/psychiatrist's/dentist's</u> written order and a <u>parent's/legal guardian's/emancipated student's</u> authorization for the school nurse, or in her/his absence the designee, to administer medications. Medication must be in original medication container.

PHYSICIAN'S/PSYCHIATRIST'S/DENTIST'S ORDER

Student's Name		Date of Birth
The student should receive the folloparticipation in the school program.	owing medication during school h	nours in order to maintain sufficient health and RED:
MEDICATION:	DO	OSAGE:
TIME:	POSSIBLE SIDE EFFECTS:	:
SELF-ADMINISTRATIO	ON of: Rescue Inhaler, Enzymes, Ep	pinephrine or Diabetic MEDICATIONS ONLY
medication, as indicated by the follows: 1. Respond to and 2. Identify his/her 3. Demonstrate th 4. Knowledge of a Do you recommend that this students.	owing criteria: I visually recognize his/her name. medication. e proper technique for self-administe medication side effects and agrees to t: nd carry in school? YES	ering his/her medication o report any side effects to the Nurse NO NO
PHYSICIAN'S/PSYCHIATRIST'S/I	DENTIST'S NAME- <u>PRINTED</u> :	
ADDRESS:		PHONE:
Signature of Physician/Psychiatrist/De		Date
<u>AUTHORIZATION</u>	N BY PARENT/LEGAL GUAR	RDIAN/EMANCIPATED STUDENT
Name of Student		receive the above medication during school hours in
order to maintain sufficient health a We (I) do hereby grant permission tabove.		ogram. directly with the physician/psychiatrist/dentist named
We (I) do hereby release, discharge claims whatsoever in connection will We (I) have read and agree to follow	th administration of the above me	•
Signature of Parent/Legal Guard		Daytime Phone