

**Palmyra-Eagle Area School District
Administering Medication to Students**

Must be completed for both prescription and non-prescription medications prior to administration
(Please return to your child's school)

Student Name _____ Physician's Name _____
Birth date _____ Male _____ Female _____ Physician's Address _____
School _____ Grade _____ _____
Teacher (if applicable) _____ Physician's Phone _____
Parent/Guardian _____ Physician's Fax _____
Home Phone _____ Work Phone _____
Cell Phone _____

To Parent/Guardian/Physician:

The Palmyra Eagle School District is required by state statute to give prescription medication to students only with the complete directions from a physician and signed consent by parent/guardian. Medication must be supplied in the original container or packaging. For safety and liability reasons, medication received in any container other than the original will not be acceptable for staff administration. By signing this form, you release the Board of Education, its agents and employees from any and all liability which may result from taking this medication.

Start Date _____ End Date _____
Beginning of school year (BOSY) End of School Year (EOSY) = July 30

Medication _____ Dosage _____ Frequency _____

Medication Expiration Date (if applicable) _____

Form: • Tablet/Capsule • Liquid • Inhaler • Nebulizer • Injection • Other _____

• For episodic/emergency events only. (Emergency medications such as: inhaler, glucagon, insulin, Epi-pen).

Student to self-administer/carry: • Yes • No

Time(s) to be given _____ Reason for this medication _____

If given on an "as needed" basis, please describe _____

Special instructions _____

Side effects (expected or predictable) _____

Physician's Signature _____ **Date** _____

(Signature required for all prescription medication and for non-prescription medication that exceeds the manufacturer's recommended dosage).

Parent/Guardian Signature _____ **Date** _____

(Signature required for all prescription and non-prescription medication).