PIONEER VALLEY CHRISTIAN ACADEMY

Physician's Orders for Medication at School

The parent and physician are encouraged to create a schedule for administering medication outside of school hours. If this is not possible, it must be understood by the parent/guardian that the prescribed medicine will be dispensed by the nurse or a designee if the school nurse is not present. The nurse will designate the person responsible to dispense medication. Prescription medication must be submitted by the parent/guardian in the original container labeled by the pharmacy.

The school accepts no responsibility for untoward reactions when the prescribed medication is dispensed in accordance with the physician's directions.

Name of student		Date of birth	_//
Address of student		a .	
Street	City	State	Zip
Medication name/Generic name			
Condition for which medication is being administer	ed		
Specific instructions for medication administration_			
Dosage M	ethod/Route		
Time of administration If	PRN, frequency		
Medication shall be administered: Start date_	//	End date	//
Relevant side effects of medication			
Student to self-administer medication specified on t	his form Yes	☐ No	
Student to possess medication specified on this form	n Yes	☐ No	
Prescriber name/title	P	Phone	
Prescriber address			
Prescribers signature		Date	
School nurse signature (if applicable)	Г	Date	
 ☐ I request that the prescribed medication be adm ☐ I hereby request that the above ordered medicat personnel, and I give permission to the exchang nurse necessary to ensure the safe administration ☐ I understand that no more than a thirty-school stored at the school. ☐ I have administered at least one dose of the medicate personnel. 	ion be administered be of information between of this medication. I day supply of the p	by the school nurse of een the prescriber and prescription medicate	or designated ad the school tion shall be
Parent/Guardian Signature	Relat	ionship	



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Dear parent/Guardian,

The purpose of the medication administration protocol is to provide standards for the safe and proper distribution of medications to students at Pioneer Valley Christian Academy. The school nurse shall ensure that there is an authorized medication order from a licensed prescriber which is renewed as necessary.

Parents/guardians requesting medication administration to their student shall provide the school with appropriate written authorization and the directions for dispensing the medication before any medications are administered.

- ✓ Parental and *Physician Authorization Forms* must be completed and submitted before any medication can be administered during school hours.
- ✓ Medication orders must not expire within three months of submission to school.
- ✓ Medication administration should be scheduled at times other than school hours, whenever possible.
- ✓ All medications(s) must be submitted to the school nurse by the student's parent/guardian or a designated adult.
- ✓ No more than a thirty-day supply of medication will be accepted.
- ✓ Medications must be in the original container and labeled with the student's name, name of medication, dosage, frequency and route of administration and currently dated prescription.
- ✓ The pharmacy-labeled container can be used in lieu of a *Physician's Authorization Form* only in the case of short-term medications, i.e. medications that are to be given for ten days or less. However, parental signed permission will still be required.
- ✓ A parent/guardian may retrieve medication from the school at any time.
- ✓ All medications must be picked up by a parent/guardian before the close of the school year. Any medications that are not picked up at the time will be properly disposed of.