

CENTRAL YORK SCHOOL DISTRICT

MEDICATION ORDER FORM

**PHYSICIAN COMPLETES THIS PART:**

This completed form MUST accompany ALL MEDICATIONS (prescription, non-prescription, and herbal remedies) to be given at school.

\*Students with written physician permission may carry inhalers and/or epipens. The school nurse will meet with these individuals to discuss further policies regarding carrying inhalers and/or epipens.

I have prescribed for \_\_\_\_\_  
(NAME of CHILD) (DOB) (GRADE/TEACHER)

\_\_\_\_\_ to be administered at school at  
(NAME OF MEDICATION) (DOSAGE)

\_\_\_\_\_ for \_\_\_\_\_  
(APPROXIMATE LENGTH of TIME)

Diagnosis/Condition being treated: \_\_\_\_\_

Specific instructions: \_\_\_\_\_

***This medication may be withheld if student is attending an off campus activity.***  
YES/NO

\*This student may carry and self-administer inhaler and/or epipen. The student has been taught and demonstrates appropriate technique. YES/NO

Physician Name \_\_\_\_\_ / \_\_\_\_\_  
(SIGNATURE) (PRINT NAME)

Date of order \_\_\_\_\_ Physician phone # \_\_\_\_\_

**PARENT / GUARDIAN COMPLETES THIS PART:**

I give my consent for the school nurse or nurse/health assistant (RN or LPN) to administer the medication listed above to my child.

AND

***I understand that only emergency, life-saving medications will be sent with my child's teacher on field trips (i.e. epipens, inhalers, and diabetic medications).***

DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_