

**MEDICATION DISPENSING FORM**

PA State Law states that **ALL Prescription and Non-Prescription medications** (including pain relievers such as – Tylenol and Motrin, cough drops, Lactaid, etc.) that will be administered to students during school hours, only when such medication is needed by the student to remain in school and administration is required during school hours, must have a dispensing form signed by a license physician. **No medication will be administered to any student without proper completion of the Medication Dispensing Form with the physician's signature below.** ALL prescription and non-prescription medications must be in the original packaging/bottle with original label. This form must also be used for, food supplements and homeopathic or herbal remedies administered for the purpose of treating a physical or mental condition when prescribed by a physician.

We can no longer dispense over-the-counter medications (including pain relievers such as – Tylenol and Motrin, cough drops, Lactaid) without **THIS FORM**. **THIS form must be signed by a Health Care Provider and faxed or returned to the School Office in order for the school personal to administer medication. (Fax Number: 215.646.6822)**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent's Name \_\_\_\_\_ Name of Medication \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Time to Be Given \_\_\_\_\_

Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

**Prescription and Non-Prescription Medications (Physician's Signature REQUIRED):**

*Doctor's Initials Required Below.*

- Permission to self-administer/carry Epinephrine auto injector
- Permission to self-administer/carry Inhaler OR medication listed above
- Student is **NOT** given Permission to self-administer/carry Epinephrine auto injector
- Student is **NOT** given Permission to self-administer/carry Inhaler OR medication listed above

\_\_\_\_\_  
**Physician's Signature (attach prescription to this form)**

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax (if applicable) \_\_\_\_\_

**Parent/Guardian Consent:**

As parent/guardian of the above named student, I hereby request that the medication described above be administered to my child. In the event that the requested dosage exceeds the usual recommended dose as listed in the Physician's Desk Reference Script, I hereby release Open Door Christian Academy and its employees from liability for any damages my child may suffer as a result of this request. I also release Open Door Christian Academy and its employees from liability for any damages another student may suffer should your child's medication be lost, stolen or misused while self-administering OR self-carrying. I take on FULL and ALL responsibility should action be taken against you or your child for medication(s) that is lost, stolen or misused while self-administering OR self-carrying.

**Parent (Guardian) Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

*The employees of the Open Door Christian Academy charged with the administration of this medication during school hours or school activities will rely on directions contained in this document given by the physician.*