

**COATESVILLE AREA SCHOOL DISTRICT
PARENT CONSENT FORM FOR ANY PRESCRIPTION AND/OR
OVER-THE-COUNTER MEDICATIONS**

ALL medication - either over the counter or prescription –MUST be accompanied by a doctor's note.

Date _____

To The School Nurse:

As the parent/guardian of _____, I request that licensed school personnel(CSN, RN, LPN) administer the medication listed below to my child according to the directions from the physician. I hereby release the Coatesville Area School District School Board and its employees of liability for administration of medication.

I understand ANY medication sent to school MUST be in its original container. If it is not, the medication will not be dispensed.

Name of medication: _____

Dosage to be administered: _____

Time medication is to be given: _____

Date(s) medication is to be given: _____

Condition being treated: _____

Signature of parent/guardian: _____

"Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency Care" from the PA Department of Health require a "medication order" from a licensed provider to administer prescription, over the counter, and herbal medicines.

**ANY MEDICINE OF ANY KIND THAT IS BEING SENT TO SCHOOL FOR ANY
REASON REQUIRES A DOCTOR'S ORDER.**

****SEE REVERSE SIDE FOR DIRECTIONS FOR MEDICATIONS ON FIELD TRIPS****

Doctor's orders may be faxed to the Nurse at: (610) 384-5730(PJP II)

Additional forms can be accessed on the C.A.S.D. web site www.coatesville.k12.pa.us