

BERWICK AREA SCHOOL DISTRICT  
Health Services

School policy permits selected school staff to administer medication to students under physician's care, who require medication during the school day. This form must be completed and be on file for all medications. This procedure is required by regulation from Harrisburg.

Check one:

High School  Middle School       West Berwick       Salem       Nescopeck

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Frequency (ex. Q4H PRN): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician (MD or DO)/PA-C/CRNP

\_\_\_\_\_  
Printed Physician Name/PA-C/CRNP

\_\_\_\_\_  
Telephone Number

**Parent/Guardian:**

**All medications must be brought to school in the original container appropriately labeled.**

**A supply of medication should be delivered to school by the parent or a designated adult.** If a supply cannot be delivered, the student may deliver a single dose in its original container directly to the nurse's office.

Parents of students with severe asthma /allergies should contact the school nurse to discuss an asthma/Epinephrine auto-injector management plan.

I authorize selected school staff to administer the above medication as prescribed.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone)