THE SCHOOL DISTRICT OF PHILADELPHIA

SCHOOL HEALTH SERVICES

DATE OF BIRTH SCHOOL/ORG.# REGIONAL OFFICE PID Care provider, whose signature appears on this form. DIAGNOSIS: My child may self-administer medication/equipment as determined appriate by the school nurse. My child may self-administer medication/equipment as determined appriate by the school nurse. REASON MEDICATION MUST BE GIVEN IN SCHOOL: I authorize the school nurse to communicate with my child's health	REQU	EST FOR A	MINISTRA	FION OF MEDICA	TION OR USE OF	SUCTION, OXYGEN <u>OR</u> OTHER EQUIPMENT IN SO	CHOOL	
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MED-1 (Rev. 6/03) - COMM. CODE 61602445400

TO THE PHYSICIAN:

Your patient has requested that medication or equipment be utilized in school. Ideally, the administration of medication or utilization of equipment should take place at home. However, for students who require medication/treatment during the school day in order to function in the classroom, School District Policy does permit selected school staff to administer medication. In some cases, students may self-administer their medication.

School District Policy also permits the use of equipment/machinery in those instances where similar equipment is kept by the child's family at home, and such equipment/ machinery is necessary in order to enable the student to function in the classroom. Instruction for use and precautions should be spelled out in detail.

(IF YOUR PATIENT'S MEDICATION OR TREATMENT SCHEDULE CANNOT BE ALTERED SO THAT ALL ARE RECEIVED AT HOME, PLEASE COMPLETE THE REQUEST ON THE REVERSE SIDE - A SEPARATE REQUEST IS REQUIRED FOR EACH MEDICATION OR TREATMENT).

When the medication/treatment prescribed exceeds or differs from that approved by the FDA or recommended by the manufacturer, you and the child's parent will be required to submit written detailed information to the School Nurse. This must include a list of side effects and confirmation that all side-effects have been explained to and are understood by the parent. Any particularly dangerous conditions being experienced by the child should be spelled out in detail, with the procedure to follow should a reaction occur.

Please fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/treatment.

Thank you.

School Health Services

DEAR PARENT/GUARDIAN:

Some children need the administration of medication or special equipment in order to function in the classroom. Ideally, this should take place at home. If your child's medication/equipment schedule cannot be altered so that everything can be administered at home, you can request that they be given in school by seeing the school nurse or principal.

When the medication/treatment prescribed for your child exceeds or differs from that approved by the FDA or the manufacturer, you and your health care provider will be required to submit additional written information to the School Nurse prior to approval.

Once the request has been approved by the School Nurse, you will be required to bring the medication to school properly labeled and packaged by a Registered Pharmacist. The medication bottle must have Saf-T-Closure Cap and the label must include:

- Patient Name
- Pharmacy Name
 - nacy Name
- Pharmacy Address and Phone#
- Prescription Number

Instructions for administration
Name of prescribing health care provider

• Name of medication, dosage form, expiration date (if relevant)

Prescription Date (current)

For special equipment, services in school will be provided only if you have such equipment in your home. You must provide the equipment as well as repair and replace it when necessary. After the request is approved, you will be asked to bring the equipment to school and to demonstrate its use to selected school staff. Operating instructions must accompany the equipment.

This procedure must be repeated each school year and/or each time there is a change in dosage.

If your child is bringing medication to school, including over the counter medicines, and takes it him/herself, you should notify the principal as to what it is and what it is for. Parents/guardians must pick up unused or expired medication in person, or send an authorized responsible adult with a note from you. Unused medication which is not picked up within 10 days, or by the last day of school, will be destroyed/discarded.

If you have any questions on this procedure, please contact the school nurse or school principal.

Thank you .