

Blacklick Valley School District
555 Birch Street
Nanty-Glo, PA 15943

Mrs. Cheryl Lauer, RN, CSN

Division of School Health

NON-PRESCRIPTION MEDICATION POLICY

The administration of non-prescription medication is discouraged and can be avoided by adjusting the time schedule around school hours. If however, your child must receive this medication at school, such as cough syrup or allergy medicine, the form below must be completed and accompany the medication before it will be administered by authorized personnel. If additional forms are required, they can be obtained from the school nurse. The school nurse has the right to call your physician if there is a question. All medication **MUST** be sent in the original container and clearly labeled. **Medication sent to school in envelopes, Baggies, plastic containers, foil will not be accepted.**

Non-prescription medication, supplied by the school, such as Tylenol, will be administered during school hours if necessary, but only if checked off on the EMERGENCY CARD that has been signed and dated by the parent or guardian. Each emergency card is good for one year.

AUTHORIZATION FOR NON-PRESCRITON MEDICATION DURING SCHOOL HOURS

My child, _____, must receive the following non-prescription medication during school hours. Medication will be sent in the original container with the label clearly marked. I understand that the school nurse may call the physician if there is a question pertaining to the administration of the named medication.

Name of medication _____

Dosage _____ Time to be administered _____

Termination Date _____ Grade _____ School Year _____

Purpose of medication _____

I hereby release, discharge and hold harmless the Blacklick Valley School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child, for damages my child may suffer as a result of this request.

Signature of Parent of Guardian

Date