

## Parent Request and Physician Order for Medication

The administration of medication is a serious matter. We administer medication to many students each day. It is our intent and our responsibility to do this in an accurate, safe, and sensitive manner. Please try to keep medication use to a minimum during school hours. If at all possible, please give medications before or after school. We realize this is not always possible, therefore, in order for us to administer medication, parents must:

1. Have a current **Parent Request and Physician Order for Medication** completed and on file in the school clinic. No medication will be given until appropriate documentation is in place.
2. Have the medication in a pharmacy-dispensed container labeled as to student name, name of medication, date the prescription was filled, dosage, and directions. The labeled bottle and the Medication Form must match. If the same prescription medicine is to be given for the entire school year, the doctor need only sign one time. Each time there is a change in the prescription, a new form and a new label must be provided.
3. Exception: Parents may send a note requesting the school to administer a short-term prescription medication, such as an antibiotic. In this case, a current valid pharmacist's label on the bottle serves as the physician's order. Note: Ask your pharmacy to supply an extra bottle/label so you have one for home and one for school.
4. If a physician orders a non-prescription medication (including Tylenol), we must have the Medication Form, and the parent is responsible for providing an unopened package/bottle to the clinic labeled with the student's name. ***Unless otherwise noted by the physician, non-prescription medication orders will not exceed 30 days.***
5. Parents should transport all medication to school. This helps to keep track of all medication and protects the safety of ALL students. If this causes undue hardship, the parent must make alternate arrangements approved by the nurse.
6. Inhalers and EpiPens may be kept with the student after proper documentation is provided to the clinic showing physician and parent approval.
7. All unused or discontinued medication must be removed from the school within 2 weeks or the medication will be disposed of properly.

Each day we receive requests from parents. Below are some examples of things we **cannot** do:

1. We cannot give a child a medication from a sibling's container.
2. We cannot provide a "dose" that is normally given at home but was forgotten. Unless the physician's order states it, we are unable to honor this request. Parents will need to come to school to administer such medication.
3. We cannot vary a dosage without a new Medication Form.

We appreciate your continued support in helping us to provide the safest possible care for your student. For any questions regarding this procedure, please feel free to call the clinic at: 596-7247 ext. 17



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### Parent Request and Physician Order for Medication

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

How supplied/strength: \_\_\_\_\_ Dose: \_\_\_\_\_

Time to administer: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Any expected reactions: \_\_\_\_\_

Duration of order: \_\_\_\_\_ 30 days, \_\_\_\_\_ school year, \_\_\_\_\_ other

For Inhaler or EpiPen does this student have permission to self-administer? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Number of pills/tablets supplied to school: \_\_\_\_\_ To begin taking on: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Number of pills/tablets returned: \_\_\_\_\_ Date: \_\_\_\_\_

Signature school personnel: \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_