Reading Muhlenberg Career & Technology Center

Permission to Administer Medication

Dear Parent/Guardian,

We attempt to discourage administration of medications to students during the school day. However, if your physician decides it is necessary for your child to receive a medication during the school day, the physician's approval and specific directions must be provided to the school. It is recommended the first doses of medications be administered at home. In the event that a physician specifically grants permission for your student to carry his/her inhaler at all times and self-medicate, or self-medicate any other medication for that matter, I hereby release RMCTC of any legal responsibility for the decision to administer or the responsibility of the actual administration of said medication.

Please send the medication to school in the original pharmacy bottle with the current prescription label on the container. Upon request, your pharmacist will give you a second labeled bottle/container to use either at home or to have the student's medicine taken to school.

To insure your child receives the proper care, complete this form and return it immediately to the health room **AND** have a physician's order – <u>signed by the doctor</u> – sent to the school as soon as possible.

Mrs. Mary Beth Feeg, RN School Nurse 610-921-7300 ext 7429 Reading Muhlenberg CTC School Nurse 2615 Warren Road Reading, PA 19604

I hereby give my permission for the nurse or responsible school personnel to administer medication, according to the prescription's directions, during the day to my child.

Name of Child	Program Area
Name of Medication	
Amount to be given/dosage	
Time to be given	
Doctor Prescribing Medication	
Reason for taking Medication	
Is this child taking other medication?If so, what?	
DateSignature of parent or Guardian	
Home Phone	
Work Phone	
CONFIDENTIAL	