



Kutztown Area School District

Kutztown Area High School, 50 Trexler Ave., Kutztown, PA 19530 Ph: 610-683-7346, Fax: 610-894-4801

Kutztown Area Middle School, 10 Deisher Ln., Kutztown, PA 19530 Ph: 610-683-3575, Fax: 610-683-5460

Kutztown Elementary School, 40 Normal Ave., Kutztown, PA 19530 Ph: 610-683-3557, Fax: 610-683-0254

Greenwich Elementary School, 1457 Krumsville Rd., Lenhartsville, PA 19534
Ph: 610-756-6948, Fax: 610-756-6858

AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

All medications (prescription and nonprescription including herbal supplements) must be stored and administered by the school nurse or the principal's designee. Medication must be brought to school in the original medication bottle listing: the name of the student, name of the medication, dosage, frequency of administration and the physician's name.

Medicine brought to school that is not properly labeled will not be administered (i.e. plastic bags, in an envelope, etc). As per school district policy, all medication must be brought to school by a parent or their designee.

Pennsylvania State law requires a written doctor's order stating the child's name, medication to be administered, dose, frequency and route of administration which must accompany the medication. A parent/guardian's signature is also required giving the school permission to administer medication to their child.

The prescribing physician must complete the following:

Print Child's Name _____ Date of Birth _____ Grade _____

Diagnosis _____

Medication to be administered _____

Duration of Medication _____

Prescribed dosage and time schedule for administration _____

Side effects or limitations on activity _____

I certify that it is imperative that the medication prescribed above is taken during school hours.

Physician's Signature _____ **Date** _____

The parent/guardian must complete the following:

I request that Kutztown Area School District personnel administer this prescribed medication to

_____ according to the physicians order above.

As parent/guardian of this child, I hereby release the Kutztown Area School District and all of its employees from any and all liability for damages my child may suffer as a result of this request.

Parent/Guardian signature _____ **Date** _____

Kutztown Area School District does not discriminate in our educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973 the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the Pennsylvania Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX and Section 504 may be obtained by contacting the school district. EOE