



Rose Tree Media School District
308 North Olive Street
Media, Pennsylvania 19063-2493
Telephone 610.627.6000

STUDENT MEDICATION AUTHORIZATION FORM

Student Name: _____ Date: _____
Date of Birth: _____
School: _____ Grade: _____ Teacher: _____

All medication(s) should be given at home before and/or after school whenever possible. If medication must be given during school hours the following criteria must be met. In accordance with guidelines from the Pennsylvania Department of Health, ALL medications, both prescription and over the counter, must be accompanied by a written, signed order from a licensed prescriber.

In addition, the parent/guardian must sign the RTMSD Student Medication Authorization Form for each medication to be administered in school. The exception is acetaminophen and ibuprofen, as these medications are covered by a standing order and permission to administer can be granted on the Student Emergency Card.

Prescription medication must be in a current pharmacy container with directions for administration from the physician and all over the counter medications must be in their original container.

Orders and medication authorization forms must be renewed every school year and any time there is a change in dosage or medication.

PARENT/GUARDIAN CONSENT:

I give permission for my child _____, to receive the following medication ordered by a licensed prescriber for administration during the school day and/or on school sponsored field trips:

Medication: _____

Dosage: _____

Time of Administration: _____

I/We do hereby waive, release, discharge, indemnify and/or hold harmless the said employee and school district from any and all liability for any reaction, injury, harm, and/or damage which may be caused to my/our child by reason of administering the said medication pursuant to my/our authorization herein including but not limited to negligent acts or omissions.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name: _____