

**COATESVILLE AREA SCHOOL DISTRICT  
PARENT CONSENT FORM FOR ANY PRESCRIPTION AND/OR  
OVER-THE-COUNTER MEDICATIONS**

*ALL medication - either over the counter or prescription - MUST be accompanied by a doctor's note.*

Date \_\_\_\_\_

To The School Nurse:

As the parent/guardian of \_\_\_\_\_, I request that licensed school personnel (CSN, RN, LPN) administer the medication listed below to my child according to the directions from the physician. I hereby release the Coatesville Area School District School Board and its employees of liability for administration of medication.

I understand ANY medication sent to school MUST be in its original container. If it is not, the medication will not be dispensed.

Name of medication: \_\_\_\_\_

Dosage to be administered: \_\_\_\_\_

Time medication is to be given: \_\_\_\_\_

Date(s) medication is to be given: \_\_\_\_\_

Condition being treated: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

"Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency Care" from the PA Department of Health require a "medication order" from a licensed provider to administer prescription, over the counter, and herbal medicines.

ANY MEDICINE OF ANY KIND THAT IS BEING SENT TO SCHOOL FOR ANY REASON REQUIRES A DOCTOR'S ORDER.

Doctor's orders may be faxed to: \_\_\_\_\_

Additional forms can be accessed on the C.A.S.D. web site [www.coatesville.k12.pa.us](http://www.coatesville.k12.pa.us)

*Revised May 2010*