

Central Fulton School District  
151 East Cherry Street McConnellsburg, PA 17233  
Phone: (717) 485- 4438 Ext. 238 Fax: (717) 485-9002

**Medication Order Form  
To Be Completed by Licensed Prescriber**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time/Frequency: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Duration of medication: Entire School Year \_\_\_ OR from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Inhaler: This child has demonstrated correct inhaler use and will carry the inhaler for independent self administration. YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

X \_\_\_\_\_  
Licensed Prescriber Signature Date

**Parent/Guardian Authorization**

Please complete this form if it is necessary for your child to receive medication during school hours. All prescription and over-the-counter medications must have a written physician's order and parent/guardian permission. Prescription medications must be in the pharmacy labeled container. Over-the-counter medications must be in the original container. A new form is required for each medication, any medication changes, and each new school year. It is the parent/guardian's responsibility to bring the medication to school with the appropriate paperwork.

I request that my child take this medication in school as directed on this form. It is the student's responsibility to come to the health office to receive the medication. The school and its employees are relieved of any responsibility for the benefits or consequences of the prescribed medication. If able to self administer inhaler the student must come to the health office immediately after inhaler use. I authorize, as needed, the sharing of information related to my child's health between the school nurse (and designee), the health care provider, and appropriate staff.

\_\_\_\_\_  
Parent/Guardian Signature Date