



Medication will be administered to students during school hours only when the medication is needed by the student to remain in school and administration of the medicine is required during school hours. According to the Pennsylvania Department of Health, no prescription or over-the-counter medications should be administered in school without a physician's order and parent consent. Physician's orders for medications must be renewed each year and medication forms expire at the end of the current school year. All medications must be supplied in the original pharmacy container and prescribed for the child to whom it is to be given. The label must include the student's name, physician's name, drug, dosage, directions for administering, date of prescription and expiration date. Medication must be delivered to The Vanguard School by a parent/legal guardian or designated, trusted adult. All medication must be picked up from the health office at the end of the school year by a parent or legal guardian. Medications remaining after the last day of school will be disposed of in accordance with school policy. If you have questions, please contact nursing@vfes.net or call 610-296-6700 x270 or x208.

Please administer the following medication during school:

Student's Name _____ Student's Date of Birth _____ Grade _____

Medication Name	Dosage	Route	Time(s)	Indication	Comments

Name of Physician _____ Signature of Physician _____

Date _____ Phone Number _____

On school days with a delayed opening:

- _____ The medication should be given at the normal time at school.
- _____ The medication should **not** be given at school and will be given at home.

On school days with early dismissal:

- _____ The medication should be given at the normal time at school.
- _____ The medication should **not** be given at school and will be given at home.

Other medications taken at home: _____

Allergies: _____

I, the parent/legal guardian of _____ request that The Vanguard School nurse administer the above named medication(s) as prescribed by my child's physician. My signature on this document constitutes a complete waiver of liability claim in any and all respects against The Vanguard School, its Board of Directors and all employees, unless the school is negligent with regard to any claim for injury in connection with the school-day administration of prescribed medication. Additionally, I agree to hand deliver the medication to the nurse's office in the original pharmacy or physician labeled container. I also accept responsibility for noting the expiration date of the medication as listed on the medication label and providing a new prescription when medication has expired or run out. I accept responsibility to provide a physician's note and written instructions if the medication is to be changed or discontinued. I give permission for The Vanguard School Nurse and our child's physician to communicate regarding the medication and medical condition.

Parent/Legal Guardian Signature _____ Date _____ Phone Number _____