



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 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 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 that medications will be delivered by a trusted adult 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 my child's physician to communicate regarding the medication and medical condition.

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

Phone Number \_\_\_\_\_