Adelphoi
Ketterer Charter School

ADMINISTRATIVE OFFICE:
1133 Village Way
Latrobe, PA 15650
P: 724-537-9110
F: 724-537-9114

BUSINESS OFFICE:
354 Main Street
Latrobe, PA 15650
P: 724-804-7000
F: 724-539-7060

Medication Administration Parental and Prescriber Consent

Student Name: _____
DOB: _____
School Year: _____
Allergies: _____

In accordance with RKCS school medication policy, medications should be given at home before or after school hours. When impossible, prior to receiving the medication at school, the school nurse should be provided with parental consent and a doctor's order stating the medication can be given at school. The medication must be in its original prescription bottle/container from the pharmacy. Signed consents are valid only for the indicated school year. Parents/Guardians must provide school health personnel with an updated consent annually.

Parent/Guardian Consent

I give my permission for my child to receive the following prescribed medication during school hours. I understand the medication will be given by school health personnel according to prescriber orders only. I understand it is my responsibility to update school health personnel when medications are changed or discontinued. New medications or new doses **will not** be given unless a new consent form is completed. I authorize the prescribing named physician to discuss with school health personnel any matter regarding the medication to be administered.

Printed Name: _____ Signature: _____ Date: _____

Physician/Prescriber Medication Order

Medication: _____
Dose: _____
Route: _____
Time of administration: _____
Reason for medication: _____
Discontinue date: _____
Special Instruction: _____

Student may carry medication during the school day due to a life threatening condition: ☐ Yes ☐ No

Physician Signature: _____ Date: _____
Physician Printed Name: _____
Physician Phone: _____
Physician Fax: _____