

Elbow Lane School

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Director: Miss Jenn

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23/24 Medication Dispensing Form**Child's first and last name:** _____ **Age:** _____**Classroom:** _____ **Today's Date:** _____

This form should be used for prescription medication, non-prescription medication, and non-prescription topical ointments/creams. Any medication to be administered by school personnel must be delivered in the original and properly labeled container to the school or designated classroom teacher along with this form.

Medication will be administered to children during school hours only when such medication is needed by the children to remain in school and administration is required during school hours. Medicine must be in its original, child resistant, properly labeled container. Prescription medication must also have the proper labeling by a pharmacist complete with name of the licensed health professional who ordered the medication. Failure of the parent or guardian to provide documentation will require the parent or guardian to be present in school to administer the medication personally. This form is to be updated every 6 months.

Any medications listed in the following section will require the signature of the prescribing physician and the parent.

This includes OTC medication such as diaper cream/ointment, pain reliever and gas drops.

Name of Medication: _____ Dosage: _____ Frequency: _____

Treatment or procedure: _____

Reason for Medication: _____

Effective dates: From: _____ To: _____ Refrigeration Requirement: YES ☐ NO ☐

Name of Medication: _____ Dosage: _____ Frequency: _____

Treatment or procedure: _____

Reason for Medication: _____

Effective dates: From: _____ To: _____ Refrigeration Requirement: YES ☐ NO ☐

It is my understanding that the employees of Elbow Lane School charged with the administration of this treatment/procedure during school hours may rely on directions contained in this document. I further certify that I am the physician/dentist who prescribed the treatment/procedure and that the student named above is under my supervision as a patient.

Signature of Physician/Dentist _____ **Phone** _____**Address** _____ **Fax** _____ **Date:** _____

Non-prescription, preventative topical creams only require parental consent.

(Check and sign below)

_____ Non-aerosol Sunblock

_____ Bug Repellent*

*Elbow Lane staff will only apply **non-aerosol** topical sunscreen and bug repellent to children.

No medication will be administered to any child without the proper completion of this form.

As parent/guardian of the above child, I hereby request that the treatment/procedure described above be administered to my child and release Elbow Lane School and its employees from liability for any damage my child may suffer as a result of this request.

Signature of Parent/Guardian _____ **Date** _____