

KEYSTONE EDUCATION CENTER
CHARTER SCHOOL

425 South Good Hope Rd
Greenville, PA 16125

Phone 724 588-2511

Fax 724 588-2545

To: Parents/Guardians
From: Chris Cianci, School Nurse
Re: Medication Procedure

**Students are not permitted
to carry medications to school**

Parents/Guardians are responsible to bring all medication to school. A physician's order and medication consent form must be completed in order for the school nurse to administer any medication. Medication must be in the original container with the prescription label. You may request your pharmacist to provide a separate bottle for the school.

Medications given four times a day are only given at school when the physician requests a noon dose. Medication given three times a day are generally given before school, after school and at bedtime, unless otherwise ordered by the physician.

The above procedure was established to insure maximum safety to every student attending our school. It also establishes a rapport with the parent and the school nurse. Medication forms are available to you through the nurse's office and building secretaries. If there is conflict with work schedules, please notify the school nurse to work out arrangement.

Your cooperation is greatly appreciated.

Medication brought to school

Date: _____

Parent/Guardian Signature

Staff receiving medication

School Nurse Signature

Keystone Education Center
Charter School

425 South Good Hope Road
Greenville, Pennsylvania 16125

Phone 724-588-2511

Fax 724-588-2545

SECTION I:

Name of Student _____ Home Phone _____

School _____ Grade _____

SECTION II:

Name of medication or nature of treatment _____

Purpose of medication/treatment _____

Date medication/treatment to begin _____ Date medication/treatment ceases _____

Dosage _____ Exact time or time range of dosage _____

Special instructions, if any (pills crushed, with water, etc.) _____

Possible reaction _____

Procedure to be followed if reaction should occur _____

Person to contact _____ Phone _____

Does medication require refrigeration? Yes _____ No _____

Please return this form with the medication.

Physician's Signature _____ Date _____

SECTION III:

I hereby authorize the medication/treatment listed above to be administered to my child or charge. Furthermore I release the Keystone Charter School and its employees from liability claims which may be brought as a result of employees carrying out their assigned duties in good faith.

Signature of Parent/Guardian _____ Date _____

A copy of this form will be filed with your child's records.