



## LEADING THE WAY

The Central Bucks Schools will provide all students with the academic and problem-solving skills essential for personal development, responsible citizenship, and life-long learning.

Dear Parent/Guardian:

Central Bucks School District has a medication policy that requires both parent and physician authorization. Medication will be administered to students during school hours only when such medication is needed by the student to remain in school and administration is required during school hours. Your child should not arrive to school on narcotic medication for pain management as these medications may cause dizziness, light-headedness, and/or sedation which could make it difficult for your child to function safely and effectively in school.

All medication, both prescription and non-prescription, must be stored in the school health office. Medication will be administered to students during school hours only when such medication is required and accompanied by a doctor's order. School nurses are not permitted to dispense medication without a written order from a physician.

With written parent permission, the Central Bucks School District Medical Director's orders allow for acetaminophen and ibuprofen administration according to the manufacturer's recommended dosage. Any deviation from the manufacturer's recommended dosage of acetaminophen and ibuprofen requires a completed Medication Dispensing Form. Administration of certain non-prescription medication is available to students. These medications include cough drops, Neosporin ointment, and antacid tablets. Administration of all other prescription and non-prescription medications require a completed Medication Dispensing Form. The term "medication" includes prescription drugs as well as non-prescription medication, e.g. cortisone cream and cough medicine, etc. Completion of the Medication Dispensing Form requires signatures of both the parent/guardian and the physician. A separate form must be completed for each medication and must be specific as to dosage.

All medication to be administered by the certified school nurse and/or the staff nurse must be delivered directly to the school nurse. Medications in plastic bags/baggies, aluminum foil, envelopes, old pill bottles, or other family members' bottles is not acceptable and will not be administered.

In cases where the Medication Dispensing Form is not available and the administration of medication is necessary, school nurses may obtain verbal orders from the prescribing physician. However, any order for medication to be given at school on the following day or future day(s) must be accompanied by a completed Medication Dispensing Form signed by the parent/guardian and the physician. In accordance with Act 187 of the School Code and CBSD procedures, students who require rescue inhalers and Epi-pens may be permitted to carry and self-administer these medications with a signed physician's order, parental permission, and a competency assessment by the school nurse. Contact your school nurse with questions or concerns.

Your cooperation in this matter is appreciated; our concern is the health and well-being of our students.

Sincerely,

Steven Yannì, Ed.D.  
Superintendent

**CENTRAL BUCKS SCHOOL DISTRICT**  
**20 WELDEN DRIVE, DOYLESTOWN, PA 18901 - (267) 893-2000**

**MEDICATION DISPENSING FORM**

All medication, whether prescription or non-prescription, must be stored in the school health room and must be accompanied by a healthcare provider's order. The protocol for students who require medication in school is as follows:

- The healthcare provider must complete and sign the first section of this form, and the parent/guardian must complete and sign the second section, giving permission to administer the medication in school
- CBSD will accept a written order on a private prescription form attached to this form with the completed and signed parent/guardian second section of this form
- **Medication will not be administered to any student in school without completed orders in place. Failure to provide documentation will require the parent/guardian to be present in school to personally administer the medication**
- Medication must be delivered to the school nurse in the original labeled container. **All controlled medications, e.g. Ritalin, Concerta, Adderall, etc. must be delivered to the school nurse by an adult and will be counted and recorded on the student's medication log**

**TO BE COMPLETED BY PHYSICIAN/NURSE PRACTITIONER/PHYSICIAN'S ASSISTANT/DENTIST**

STUDENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

SPECIAL CONSIDERATIONS: \_\_\_\_\_

REASON FOR MEDICATION: \_\_\_\_\_

EFFECTIVE DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**It is my understanding that Central Bucks School District employees charged with the administration of this treatment/procedure during school hours rely on directions contained in this document. I certify that I am the healthcare provider who prescribed this treatment and that the student named above is under my supervision as a patient.**

SIGNATURE OF HEALTHCARE PROVIDER: \_\_\_\_\_

PRINTED NAME OF HEALTHCARE PROVIDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN**

**As the parent/guardian of the student named above, I hereby request that the treatment described above be administered to my child. I hereby release Central Bucks School District and its employees from liability for any and all damages my child may suffer as a result of this request.**

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_