



Capital Area School for the Arts Charter School
 150 Strawberry Square, Harrisburg, PA 17101
 Phone: 717-732-8450, option 3
 Fax: 717-732-84511

PHYSICIAN MEDICATION ORDER FOR PRESCRIPTION OR OVER-THE-COUNTER MEDICATIONS

A new form is required for each school year and for any changes/updates.

A signed order from an authorized provider is required for your child to receive either prescription or over-the-counter medications at school, except occasional use of those covered by CASA's standing orders which parent/guardian signature authorizes yearly on the Health Update.

Student Name: _____ DOB: _____ Grade/Art: _____

The following medication to be given at school as indicated:			
Medication	Dosage:	Route & Time	Side Effects

- *Prescription medication must be in a container labeled by the pharmacist or prescriber.*
- *Non-prescription medication must be in the original container with the label intact.*
- *If an adult cannot bring the medication, email the school nurse ahead of time, & have the student bring the medicine to the nurse first thing in the morning. .*
- *Students may not carry medications except for very limited, doctor-ordered, pre-approved situations.*
- *The school nurse will contact prescriber, as allowed by HIPAA, if a question arises regarding the student/medication.*
- *Refer to the Medication section of the student handbook for additional details.*

On field trips, student may self-administer under teacher supervision.

Provider Initials: _____ Parent/Guardian Initials: _____

The student was taught, has demonstrated responsible competence and has permission to carry and self-administer their **inhaler/epinephrine auto-injector (circle medication(s))** as prescribed.

Provider Initials: _____ Parent/Guardian Initials: _____

Health Care Provider (MD/DO/NP/PA)

Phone Number: _____

Health Care Provider Signature

Date: _____ Discontinuation Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Parent/Guardian Phone Number: _____