



Capital Area School for the Arts Charter School
 150 Strawberry Square, Harrisburg, PA 17101
 Phone: 717-732-8450 Fax: 717-732-8451
 School Nurse: Ann Stillwater, M.Ed., RN,CSN-PA
 astillwater@casa-arts.org

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 (i.e. Tylenol, Advil, Benadryl, TUMS, cough medicine, etc.) medications at school.

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.*
- *An adult must bring the medication to the school except inhalers & Epi Pens that provider authorizes to be carried.*
- *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) _____ Health Care Provider Signature _____
 Phone Number: _____ Date: _____ Discontinuation Date: _____

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

Parent/Guardian Phone Number: _____

Signing verifies that you give permission for the school staff to carry out the above prescribed plan in your absence and relieve the Board and its employees of responsibility for the benefits or consequences for such medication and its administration.