

**YOUGH SCHOOL DISTRICT**

915 Lowber Road  
Herminie, PA 15637

Dear Parent/Guardian:

Administration of medicine is a responsibility the Yough School District views with considerable concern. In order to conform to State guidelines, no medication can be dispensed during school hours without a physician first completing the attached form. This includes over-the-counter medication such as, Tylenol, Motrin, antacids, cough, cold or allergy medications, cough drops, etc. A separate form is needed for each medication. Also, students are not permitted to carry medication to, from, or during school hours unless a physician specifically states it is medically necessary.

After the attached form is completed and signed by you and the prescribing physician and returned to the school, the medication must be brought to school by the parent/guardian. Over the counter medication must be in its original bottle, and prescription medication must be properly labeled by a registered pharmacist and brought to school in its current bottle.

The following is a list of telephone numbers for each of the district's schools so that your school nurse may assist you and/or your physician in efficiently forwarding the necessary information:

Senior High School	724-446-5520, x2048
Yough Intermediate Middle School	724-872-5164, x3004
HW Good Elementary	724-446-5503, x5003
Mendon Elementary	724-872-6484, x4003
West Newton Elementary	724-872-5877, x6004

Thank you for your cooperation.

Sincerely,

Yough School District Nursing Staff

**YOUGH SCHOOL DISTRICT**  
**Physician's Certificate for Medication**  
**Permission to administer and maintain medication at school**

I certify that is necessary for \_\_\_\_\_ to have the following medication during school hours:

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time of Administration \_\_\_\_\_

Length of time to be administered \_\_\_\_\_

Diagnosis (unless confidential) \_\_\_\_\_

Potential serious reaction and emergency response or contraindications \_\_\_\_\_

\_\_\_\_\_

Any limitation of school activity \_\_\_\_\_

Current medications \_\_\_\_\_

If asthma inhaler or Epi-pen prescribed, is student qualified and able to self-administer?

\_\_\_\_\_ Yes \_\_\_\_\_ No

The school entity bears no responsibility for ensuring that self-medication is taken.

Should Epi-pen be transported to and from school daily on the bus? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Telephone Number

Medication that exceeds the PDR recommended dosages must be accompanied by a letter from the physician and parent which contains: (1) Acknowledgement of the dose, (2) Permission to administer this dose, (3) Waiver of liability of the School Board and its employees.

The nurse may call the Physician's Office regarding medication order and administration.

**PARENT PERMISSION FORM**

I grant permission for a school employee to administer or witness the administration of the above medication as prescribed. I assume all responsibilities of making this request to have the medication administered and for the benefits or consequences of the medication. I release the School Board and their agents and employees from any and all liability that may result from my child taking the prescribed medication.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Student's Grade \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Prescription medication must be sent to school in a container with the prescription labeled by a pharmacist or physician. It must include the name of the student, the medication, the dosage, and the time to be taken. Improperly labeled prescription bottles will not be accepted. Any change in type or dosage of medication must be reported to the nurse immediately.