



Peninsula Catholic High School
600 Harpersville Road, Newport News, Virginia 23601-1813
Telephone (757) 596-PCHS (7247) ext. 104 Fax (757) 952-1038
www.peninsulacatholic.com

STUDENT NAME: _____ GRADE: _____

Medication: _____

How supplied/strength: _____ Dose: _____

Time to Administer: _____

Reason for Medication: _____

Any Expected Reactions: _____

Duration of this order: _____ 30 Days _____ School Year: _____ Other: _____

For Inhaler or EpiPen does this student have permission to self-administer? _____

Doctors Name: _____

Address: _____

Phone: _____

Doctor's Signature: _____ **Date:** _____

Parent/Guardian: _____

Relationship to student: _____

Number of pills/tablets supplied to school: _____ To begin taking on: _____

Signature: _____ **Date:** _____

Received by: _____ Date: _____

Number of pills/tablets returned: _____ **Date:** _____

Signature school personnel: _____

Signature Parent/Guardian: _____

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Parent Request and Physician Order for Medication

The administration of medication is a serious matter. We administer medication to many students each day. It is our intent and our responsibility to do this in an accurate, safe and sensitive manner. Please try to keep medication use to a minimum during school hours. If at all possible, please give medications before or after school. We realize this is not always possible, therefore, in order for us to administer medication, parents must:

1. Have a current **Parent Request and Physician Order for Medication** completed and on file in the school clinic. **No medication will be given until appropriate documentation is in place.**
2. Have the medication in a pharmacy-dispensed container labeled as to student name, name of medication, date the prescription was filled, dosage, and directions. The labeled bottle and the medication form must match. If the same prescription medicine is to be given for the entire school year, the doctor need only sign one time. **Each time there is a change in the prescription, a new form and a new label must be provided.**
3. EXCEPTION: Parents may send a note requesting the school to administer a short-term (**no longer than 10 days**) prescription medication, such as an antibiotic. In this case, a current valid pharmacist's label on the bottle serves as the physician's order. Note: As the pharmacy to supply an extra bottle/label so you have one for home and one for school.
4. If a physician orders a non-prescription medication (including Tylenol) we must have the Medication Form and the parent is responsible for providing an unopened package/bottle to the clinic labeled with the student's name. **Unless otherwise noted by the physician, non-prescription medication orders will not exceed 30 days.**
5. Parents should transport all medication to school. This helps to keep track of all medication and protects the safety of ALL students. If this causes undue hardship, the parent must make alternate arrangements approved by the nurse.
6. Inhalers and EpiPens may be kept with the student after proper documentation is provided to the clinic showing physician and parent approval.
7. **All unused or discontinued medication must be removed from the school within 2 weeks.**

Each day we receive request from parents. Below are some examples of things we **cannot** do:

- **We cannot give a child a medication from a sibling's container.**
- **We cannot provide a "dose" that is normally given at home but was forgotten. Unless the physician's order states it, we are unable to honor this request. Parents will need to come to school to administer such medication.**
- **We cannot vary a dosage without a new Medication Form.**

We appreciate your continued support in helping us to provide the safest possible care for your student. For any questions regarding this procedure, please feel free to call the clinic at (757) 596-7247 Ext. 104.