



Dear Parent:

Enclosed you will find a Parental Request and Physician's Order for Prescription Medication form for the 2011-12 school year. It is the responsibility of the parent to have the form completed by a physician. The form needs to be returned by the first day of school if medications are to be dispensed by the school nurse. Ideally all medication should be delivered to the health room by the parent. All medication should be in the original pharmacy container with the student's name, name of medication and time medication is to be dispensed.

Please note school policy: No student is permitted to have prescription or non-prescription medication on their person (exception: inhalers for asthma with parent knowledge).

Please feel free to have your physician fax the medication form directly to the school. The campus fax numbers are listed below.

Joyce Zercher RN  
LCCS (West Lampeter Campus)  
651 Lampeter Road  
Lancaster, PA 17602  
(P) 392-8092 Ext. 302 & 309  
(Fax) 392-8982  
Email: [jzercher@lccs.cc](mailto:jzercher@lccs.cc)

Suzy Harding, BSN; RN & Glenda Witmer, BSN; RN  
LCCS (Leola Campus)  
2390 New Holland Pike  
Lancaster, PA 17601  
(P) 556-0711 Ext. 221  
(Fax) 717-656-4868  
E-mail: [leolanurse@lccs.cc](mailto:leolanurse@lccs.cc)

Form included on other side.

Sincerely,

School Nurses



**PARENTAL REQUEST AND PHYSICIAN'S ORDER FOR PRESCRIPTION MEDICATION  
(For students who require daily or as needed medication 2011-12 school year)**

Parents have the primary responsibility for the health of their child. As a general rule, and if at all possible, medication should be taken at home.

If parents wish to delegate some part of their responsibility to the school, the following will apply:

- Parents and physician will be required to complete the form below. (Physician's signature required.)
- School nurse or designee will dispense medication according to the physician's order.
- Labeled medication will be stored in a secure place for the period indicated on the physician's order.
- Students are not permitted to keep any medications, including over the counter, in their lockers or on their persons during school hours.

At the end of school year, the parent is expected to pick up unused medication. Medication not picked up by the last day of school will be destroyed.

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**TO BE COMPLETED BY PARENT/GUARDIAN:**

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **School :** \_\_\_\_\_

I request that medication for my child (named above) be stored or administered as indicated in the physician's order below. I am aware that non medical personnel may be administering this medication to my child. We hereby release Lancaster County Christian School and all of its employees of and from any and all liability in law for damages either we or our child may suffer as a result of this request.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

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**TO BE COMPLETED BY PHYSICIAN:**

IT IS NECESSARY THAT THE NAMED CHILD RECEIVE THE FOLLOWING MEDICATION AT THE TIMES STATED BELOW. PLEASE STORE AND ADMINISTER THE FOLLOWING AS DIRECTED BELOW:

**Name and Form of Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Time(s) medication is to be given:** \_\_\_\_\_

**Route of Administration:** \_\_\_\_\_

**Other Specific Directions:** \_\_\_\_\_

**Purpose of Medication and/or Diagnosis:** \_\_\_\_\_

**Side Effects to Watch:** \_\_\_\_\_

**Duration of Order:** \_\_\_\_\_

**Physician's Name (Print):** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**May student have inhaler with them at all times:**     Yes     No

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_