

Dear Parents,

The following is a friendly reminder of Twin Spring Farm Day School's Medication Policy. The Commonwealth of Pennsylvania Public and Private school codes require the following procedure and policy be followed for the administration of medication. Please become familiar with and follow the procedures below.

Adminstration of Medication

Medicine received for a child will be administered only in the following instances:

1. The medicine has been prescribed by a physician and is accompanied by precise instructions of dosage.
2. The child has a long-term chronic illness in which a specific medicine is necessary for the child to remain in school/camp, for example, an illness such as an allergy.
3. The child has an acute temporary condition where a prescribed regime of a drug and has not been completed, but the child is well enough to be in school/camp, and the time for giving the drug cannot be changed to before and/or after school/camp hours . . . for example, the administration of penicillin.

All medicines **MUST** be accompanied by written permission and instructions for administration signed by both the doctor and the parent. Staff members will refer all requests for administration of medicine to the office. Written permissions will be filed with the child's health record. All medications must be brought to the office by the parents, not the children. Do not send medication in with your child on the bus, in your child's lunch box or backpack. Only parents and staff handle medication.

THE ATTACHED FORM MUST ACCOMPANY ANY MEDICATION THAT IS TO BE ADMINISTERED TO YOUR CHILD BETWEEN 7:15 A.M. & 5:45 P.M.

DO NOT send mediation with your child on the bus, in your child's lunch box or backpack. ONLY PARENTS AND SCHOOL STAFF ARE TO HANDLE MEDICATION.

No medication will be administered unless the above policy has been followed under any circumstances as we can not be in conflict with the state code.

Please keep this form and refer to it if the need arises.

Sincerely,
Beatrice R. Hood
Head of School

TWIN SPRING FARM ORDERS FOR MEDICATION

THIS FORM MUST ACCOMPANY ANY MEDICATION THAT IS TO BE ADMINISTERED TO YOUR CHILD BETWEEN 7:00 A.M. & 5:45 P.M. PLEASE KEEP THIS FORM AND REFER TO IT IF THE NEED ARISES.

All medicines **MUST** be accompanied by written permission and instructions for administration signed by both the doctor and the parent. Staff members will refer all requests for administration of medicine to the office. Written permissions will be filed with the child's health record. All medications must be brought to the office by the parents, not the children. Do not send medication in with your child on the bus, in your child's lunch box or backpack. Only parents and staff handle medication.

Medicine received for a child will be administered only in the following instances:

1. The medicine has been prescribed by a physician and is accompanied by precise instructions of dosage.
2. The child has a long-term chronic illness in which a specific medicine is necessary for the child to remain in school/camp, for example, an illness such as an allergy.
3. The child has an acute temporary condition where a prescribed regime of a drug and has not been completed, but the child is well enough to be in school/camp, and the time for giving the drug cannot be changed to before and/or after school/camp hours . . . for example, the administration of penicillin.

TO BE COMPLETED BY PHYSICIAN:

If it is absolutely necessary for the child named below to take medication during school/camp hours, 7:15 AM - 5:45 PM, please complete the information requested, sign, and return this form.

Child's name _____	Address _____
Diagnosis _____	Medication prescribed _____
Dosage _____	Time of administration _____
Possible side effects _____	Special instructions _____
_____	_____
_____	_____
Physician's Signature	Address
_____	_____
Telephone	Date

MEDICATION PERMISSION

TO BE SIGNED BY PARENT/GUARDIAN:

I, the undersigned, give permission to the office to administer or to supervise my child in taking the above medication.

I further agree to indemnify and hold harmless Twin Spring Farm Day School/Camp and its agents and servants against all claims as a result of any and all acts performed under this authority.

_____	_____	_____
Signature of parent/guardian	Witness	Date

RETURN THIS COMPLETED FORM TO: Twin Spring Farm Day Camp & School
1632 East Butler Pike, Ambler, PA 19002

medication procedure