

WYOMING AREA

252 Memorial Street, Exeter, PA 18643-2698



SCHOOL DISTRICT

Phone: 570-655-3733 · Fax: 570-883-1280

Janet M. Serino
Superintendent

Dear Parents or Guardian:

This permission and information form must be completed and returned to school if your child must receive prescription/non-prescription medication during the school day, and emergency prescription medication during extra-curricular activities.

In an effort to protect the safety and welfare of our students, students are no longer permitted to carry medications to school. If a student is to receive medication during school hours, the medication **MUST** be delivered to school by **the parent or designated adults**, with the exception of **MUST** carry emergency medication.

Prescription medication must be brought into school in their original containers, with the prescription labeled from a pharmacist or a physician.

Non-prescription medication must be in the original container with the child's name, the dosage and time the medication is to be administered.

All medication must be delivered to the school office, the nurse's office, or activity advisor.

Only exceptions to the above will be any student who per doctor's written order (prescription) must have medication on his/her person at all times. (Example: **inhaler** or **epipen**). Prescription must be on file in the nurse's office. It will be the parent's obligation to inform their child of the responsibilities involved in keeping their medication in their possession at all times and act in accordance with these responsibilities. Please remember that if the medication is not registered with the nurses' office, your child will be in violation of the Drug & Alcohol Policy.

Name of Child _____ Grade/Section _____

I give my permission for the school nurse or other designated school personnel to give the following prescribed/non-prescribed medication to my child during school hours.

I acknowledge that the school is not responsible for ensuring that my child takes his/her prescribed self administered medication.

I hereby release the Wyoming Area School District and all its designated employees from any and all liability for damages our child may suffer as a result of this request.

Medication/Dose _____ Time _____

Physician _____

Parent/Guardian signature _____ Date _____

ADMINISTRATIVE STAFF

Christine Rosenkrans <i>Director of Curriculum and Instruction</i> 570-655-3733	Jon Pollard, Ed. D. <i>Secondary Center Principal</i> 570-655-2836	Cathy Ranieli <i>Asst. Secondary Center Principal</i> 570-655-2836	Vito S. Quaglia <i>Elementary Principal</i> 570-693-1914	Joseph Long <i>Elementary Principal</i> 570-654-1404	David Pacchioni <i>Asst. Principal of Discipline</i> 570-655-2836	Vanessa Née <i>Special Education Supervisor</i> 570-655-2836
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