

## **TWIN SPRING FARM DAY CAMP AND SCHOOL MEDICATION POLICY AND ORDER FORM**

*Dear Parents,*

The following is a friendly reminder of Twin Spring Farm Day School and Camp 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.

### **Administration 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.

**A MEDICATION ORDER FORM SIGNED BY A PHYSICIAN MUST ACCOMPANY ANY MEDICATION THAT IS TO BE ADMINISTERED TO YOUR CHILD BETWEEN 7:15 A.M. & 5:45 P.M.**

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

**All medications must be in the ORIGINAL BOX with a VALID EXPIRATION DATE.**

**An ACTION PLAN must accompany EPI-PENS/AUVI-Q's, ASTHMA AND SEIZURE medications.**

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

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

Sincerely,  
Beatrice R. Hood  
Executive Director

**TWIN SPRING FARM DAY CAMP AND SCHOOL  
MEDICATION POLICY AND ORDER FORM**

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. All medications must be in the original box with a valid expiration date. An action plan must accompany Epi-pens/Auvi-Q's, asthma and seizure medications.

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 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.

---

---

**TWIN SPRING FARM ORDERS FOR MEDICATION**

**TO BE COMPLETED BY PHYSICIAN:**

If it is absolutely necessary for the child named below to take medication during school/camp hours, 8:15 AM - 5:30 PM, please complete the information requested, sign, and return this form.

Child's name \_\_\_\_\_

Diagnosis \_\_\_\_\_ Medication prescribed \_\_\_\_\_

Dosage \_\_\_\_\_ Time of administration \_\_\_\_\_

Possible side effects \_\_\_\_\_ Special instructions \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

---

---

**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