



August 19, 2015

Dear SUN ATI Student:

I would like to welcome you to our school. If you should need any medical treatment due to injury or illness while you are at school please ask your instructor to notify me immediately.

If you are required to take prescription medication or over the counter pain or allergy medication while at school you **must** use the medication permission form that is enclosed and return it to me before any medication can be given. **You must supply your own over the counter or allergy medication which must be kept in my office. No medication can be administered without these permission forms signed by a parent or guardian.** Please write your name on any over the counter medication container. Do not send more than a thirty day supply of any medication. Any prescription medication must be brought in by a parent, legal guardian, or another authorized adult, **and must be in the original prescription container. Any prescription medication not taken home within two weeks of the final day of school will be disposed of.**

If you require more than three medications, please make copies of the medication form and bring one form for every three medications that you will be registering with me. If you need additional copies of the medication form, please notify me of this.

If you are a known diabetic that requires insulin and testing materials, these materials must be kept in the medical office. On orders of the Administrative Director, two auto injectors and these test supplies must be kept on hand at all times.

Thank you again for your cooperation in these matters.

Sincerely yours,

A handwritten signature in cursive script that reads "Julie Loss".

Julie Loss
School Nurse



815 East Market Street, New Berlin, PA 17855-0527 Phone: 570-966-1031* Fax: 570-966-9492
Web Site: www.sun-tech.org
Jennifer Hain, Administrative Director

Medication Administration Consent and Licensed Prescriber Order

Student's Name:		Program:	
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In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, each student must provide the nurse with a *Medication Administration Consent* form signed by the student's parent/guardian and a *Medication Order* from a licensed prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

Parent/Guardian Consent:

I give my permission for my child, _____, to receive the following medication by a licensed prescriber during the school day. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions.

Date:	Parent/Guardian Printed:	Parent/Guardian Signature:
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Licensed Prescriber Medication Order:

Patient's name: _____ **Date:** _____

Name of medication: _____

Route and dosage: _____

Time of administration: _____

Directions: _____

Discontinuation date: _____

Allergies: _____

Date:	Licensed prescriber name printed:	Licensed prescriber signature:
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Licensed prescriber Phone: _____

Medication Administration Consent and Licensed Prescriber Order

(This Page To Be Completed by School Nurse (First Aid Officer or other school official))

Medication:	Date Released/Time:
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Medication:	Date Released/Time:
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Medication:	Date Released/Time:
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Medication:	Date Released/Time:
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Medication:	Date Released/Time:
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Medication:	Date Released/Time:
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By signing my name, I agree that the above information is correct and that the above listed medication(s), prescription or over the counter, have been returned to me by the SUN Area Technical Institute.

Student Signature: _____

School Nurse Signature: _____

Parent/Guardian Name: _____

Date/Time Contacted: _____



AREA TECHNICAL INSTITUTE

Jennifer Hain, Administrative Director

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Non-prescription Medication Release Form

Dear Parent/Guardian:

The following non-prescription medicine may be given to students attending SUN Tech for minor complaints during school hours at the discretion of the First Aid Safety Officer (school nurse) or designee. This is intended to be used for first aid only and will not be indiscriminately dispensed.

Product	Reason	Yes	No
Cough Drops	Persistent cough or sore throat		
Tums	Indigestion or upset stomach		
Acetaminophen (Tylenol) 500 mg/Tablet	1 or 2 tablets for headache or other pain as assessed on an individual basis, limited to one time during a school day.		
Ibuprofen (Advil or Motrin) 200 mg/Tablet	1 or 2 tablets for headache or other pain as assessed on an individual basis, limited to one time during a school day		

If medication is needed for continuing or frequently occurring pain, it must be prescribed by a physician and provided by the parent/guardian in accordance with the medication policy and the completion of the Medication Request Form MD-6101.

Written permission must be obtained from the parent/guardian before any medication is dispensed.

To give permission for your child to be given any of the over the counter medications listed above as you have indicated, complete the section below and return the entire form to the First Aid Safety Officer (school nurse).

I hereby give my permission for the non-prescription medication(s) as listed above to be administered to my child by the First Aid Safety Officer (school nurse) or designee. I do hereby release, discharge and hold harmless, the SUN Area Technical Institute, it's agents and employees, from any and all liability whatsoever for providing the above listed medication(s) to my child.

Student's Name:		Program:	
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Parent/Guardian

Date:	Print:	Signature:
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815 East Market Street • New Berlin, Pennsylvania 17855-0527

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