

## PMEA/NAfME MEDICATION ADMINISTRATION RECORD

**\*A separate form is required for each medication, including asthma inhalers and epinephrine auto-injectors which are carried by the student for EACH event in which the student will be participating.** If students require medication for a chronic condition, the school district's form on file in the school or nurses' office may be used (if applicable).

(Please PRINT/TYPE all information below, except signatures; prescription may also be attached)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2019 All-East Honors Ensemble in which Student is Participating: \_\_\_\_\_

Licensed Prescriber Name: \_\_\_\_\_

Licensed Prescriber Address: \_\_\_\_\_

Licensed Prescriber Phone #: (     ) \_\_\_\_\_

Licensed Prescriber Signature: \_\_\_\_\_

Medication/Dose/Route/Time(s) to Administer: \_\_\_\_\_

\_\_\_\_\_

Medication Expiration Date: \_\_\_\_\_

**I give permission for the fest/festival nurse to give the above/attached medication to my student.**

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

Date/Time				

Initials      Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CODES

W: Dose Withheld (Chart reason in student log)

**\*ALL medication must be administered by the festival nurse, regardless of the student's age, Section 504 or Transition Plan.**

**\*This form is required per Pennsylvania State Law**

**Please return this form to:** All East Honors Ensembles Manager Dennis Emert, Kerr Elementary School, 341 Kittanning Pike, Pittsburgh, PA 15238; alleastmanager@pmea.net