



**REQUEST TO ADMINISTER MEDICATION DURING SCHOOL HOURS**

The administration of medication to students at school is a closely controlled situation. Whenever possible, medicine should be given to students before or after school. All medication (prescription and over the counter) must be accompanied by a request for administration from the parent and physician. Medication must be presented in the original container along with a prescription written by the physician.

I request the school nurse to give the following medication to my child during the school hours from \_\_\_\_\_ to \_\_\_\_\_.  
(date) (date)

Name of Student \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage to be given \_\_\_\_\_

Time to be given \_\_\_\_\_

Allergies to medications \_\_\_\_\_

List of other medications \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Parent/Guardian Print \_\_\_\_\_

**For inhalers and Epi-pens**

I give my permission for self-administration of the above medication for all field trips during the \_\_\_\_\_ school year.

Parent/Guardian signature \_\_\_\_\_

Parent/Guardian Print \_\_\_\_\_

Brecknock Elementary School T: 610-775-5079 F: 610-685-3798	Mifflin Park Elementary School T: 610-898-1489 F: 610-898-0635	Middle School T: 610-775-1465 F: 610-685-3760
Cumru Elementary School T: 610-775-5081 F: 610-685-0404	Intermediate School T: 610-775-5083 F: 610-685-3761	High School T: 610-775-5089 F: 610-796-7471