

Medication Administration Order Form

REDBANK VALLEY SCHOOL DISTRICT

920 Broad Street

New Bethlehem, Pennsylvania 16242

Telephone: 814-275-2426

TO THE PHYSICIAN:

School policy permits school employees in Redbank Valley School District to administer prescribed medication provided in pharmaceutical acceptable container, to pupils during school hours with written instructions from the personal physician.

Name of Child _____ Age _____

Diagnosis _____

Medication/Dosage/Time _____

Expiration Date _____

Side Effects/Adverse Reactions _____

Emergency response _____

If using an inhaler/Epi-Pen, can student carry and self-administer? ____ Yes ____ No

Physician's Signature _____ Date _____

I, the parent/guardian, request and authorize school personnel to administer the above medication as prescribed. We hereby release the Redbank Valley School District and all its employees from any and all liability for damages our child may suffer as a result of this request. I give permission for the school nurse to communicate with my child's physician regarding this medication.

School child attends: _____

Signature _____ Date _____

Home Telephone _____ Business Phone _____

This request will remain in effect for the present school year or until the medication is changed or discontinued by the physician.