



Baldwin-Whitehall School District

Administration Office: 4900 Curry Road • Pittsburgh, Pennsylvania 15236-1817
Telephone: 412-884-6300 • FAX: 412-885-7802 • Website: www.bwschools.net

Baldwin High School
412-885-7500, Ext. 4
Fax: 412-885-6652

J. E. Harrison Education Center
412.885-7530, Ext. 4
Fax: 412-885-6766

McAnnulty Elementary School
412-714-2020, Ext. 3
Fax: 412-714-2024

Whitehall Elementary School
412-885-7525, Ext. 3
Fax: 412-885-7559

AUTHORIZATION FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION AT SCHOOL (Permission for use of inhalers and prescription medication is on separate forms.)

Student Name: _____ Birth Date: _____

School: _____ School Year: _____ Grade: _____

Medication Condition	Medication	Strength	Dose	Time	Route	Possible Side Effects
1.						
2.						
3.						
4.						
5.						

Parent/Guardian Authorization

1. I request that the above medication(s) be given during school hours.
2. I release school personnel from liability in the event adverse reactions result from taking the medication(s).
3. I give permission for the school nurse to communicate with the student's teachers about the student's health condition(s) and the action of the medication(s).

Parent/Guardian Signature

Date

NOTE: Medication is to be supplied in the original bottle.