



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

Cumru Elementary School
T: 610-775-5081 F: 610-685-0404

Mifflin Park Elementary School
T: 610-898-1489 F: 610-898-0635

Intermediate School
T: 610-775-5083 F: 610-685-3761

Middle School
T: 610-775-1465 F: 610-685-3760

High School
T: 610-775-5089 F: 610-796-7471