Derry Township School District
Administrative Office • 30A East Granada Avenue • P.O. Box 898 • Hershey, PA 17033
Phone (717) 534-2501 • Fax (717) 533-4357 • www.hershey.k12.pa.us

MEDICATION ORDER

A written order by a licensed health care provider is required for any prescription medication or over-the-counter medication to be administered during school hours.

STUDENT'S NAME _____

STUDENT'S DIAGNOSIS_____

Condition for which drug is being administered_____

Drug Name_____

Strength and Dosage_____

Route_____

Time of Administration (while in school)_____

Duration of Administration (i.e. school year+/or summer school)_____

Potential side effects_____

Emergency response_____

I, _____, have instructed _____in the proper way to use his/her *asthma inhaler or epinephrine auto-injector medication*. It is my professional opinion that he/she is capable of self-carrying and administration of the medication and understands it is intended for his/her use and not to be shared with other students. Guardian acknowledges that the school district is not responsible for ensuring the medication is taken and relieves the District and its employees of responsibility for the benefits or consequences of the prescribed medication.

PHYSICIAN'S SIGNATURE_____ DATE_____

Physician's phone number_____ FAX_____

PARENT SIGNATURE_____ DATE_____

Thank you for your cooperation,

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