



**LENAPE TECHNICAL SCHOOL**  
**2215 CHAPLIN AVENUE**  
**FORD CITY, PENNSYLVANIA 16226**  
 TELEPHONE: (724) 763-7116 / FAX: (724) 763-9888

**Five Day Supply Of Medication for Emergency Use**

Notification for Parents and Guardians:

In light of current world events and because the faculty, staff, and administration at Lenape Tech take the safety and welfare of your child very seriously, it has become necessary for Lenape to enhance the procedures outlined in our Emergency Operating Plan. While we do not anticipate that putting the plan into operation will become a reality, we feel it is better to be safe than sorry. Therefore, we are asking for your assistance in assuring that any special health care needs your child may have are provided for.

Again, while we do not anticipate that it will become a reality, we are making provisions at the school to comply with any type of mandatory lockdown. More simply said, if it would become necessary for us to detain the students at the school for any length of time until conditions prove safe for their dismissal to you, we are asking that you provide us with a five-day supply of any medications or other special provisions that would be needed to ensure their safety and well being. Please keep in mind that all medications brought to the school must be in an original container that is clearly marked with your child’s name and instructions for use. Please return this letter with a five-day supply of any prescribed medications or items of special health care need to Mrs. Schnaubelt the school nurse, as soon as possible. Even if your child has no special needs, please indicate such on the form and return it to Mrs. Schnaubelt for her files. At the end of the school year, unused medications will be returned to your child.

**Name of Student** \_\_\_\_\_ **Grade** \_\_\_\_\_

***Please check one of the following:***

- The above named student has no necessary medications or other special health needs.
  - I am providing a five-day supply of medication or items of special health care need for the above named student.
- (Please remember: all medications must be in original containers that are clearly marked with student’s name and physician’s order.)*

Comments/Instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

If you have any questions or concerns, please do not hesitate to contact :

Mrs. Schnaubelt, Health and Safety Services Facilitator  
 724-763-5929  
 schnkat@lenape.k12.pa.us