



SOUTHERN FULTON SCHOOL DISTRICT

3072 Great Cove Road

Warfordsburg, PA 17267

Elementary Phone (717) 294-3400

High School Phone (717) 294-3251

School Nurse Fax (717) 256-7443

**Meredith
Hendershot**
Superintendent

Tyler Burns
Elementary Principal

**Jeremy
Hollinshead**
High School Principal

PHYSICIAN'S MEDICATION ORDER FORM

Name of Student _____ Date of Birth _____

Name of Parent/Guardian _____ Phone # _____

***I hereby request that Southern Fulton School personnel administer medication to my child as directed below by the physician. I agree to relieve the school and its employees or representatives of any responsibility resulting from the administration of the medication.

Parent/Guardian Signature

Date

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Name of Medication _____

Dosage _____

Time to be Given _____

This medication is to be administered only until _____

Route of Administration _____

Possible Side Effects _____

Diagnosis _____

If this medication is an Epipen or Inhaler, may student carry it with them? _____

Physician's Signature

Date

Physician's Printed Name

Physician's License Number

Physician's Address

Physician's Phone Number