



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,

Tara Blackburn BSN, RN
Certified School Nurse
Hershey High School
Phone: 717-508-2235
Fax: 717-534-2684

Tracie Dawson M. Ed, BSN, RN
Certified School Nurse
Hershey Middle School
Phone: 717-508-2295
Fax: 717-531-2245

Page Kozak, BSN, RN
Certified School Nurse
Hershey Elementary School
Phone: 717-508-2287
Fax: 717-508-2266