

Lakeview School District

2482 Mercer Street
Stoneboro, PA 16153-2799

Phone: 724-376-7911
Fax: 724-376-4532 or 724- 376-7910

Prescription Medication Form

Dear Doctor,

The parent/guardian of _____ has requested that we

Student's Name

Administer medication to their child during the school day.

It is our procedure to request that medication be given before or after school hours whenever possible. If it is essential that the student receive the medication during school hours, please complete the following information:

Medication _____ Dosage _____

Time schedule for
administration _____ Duration _____

Possible side effects/contraindications _____

Date

Physician Signature

Phone Number

.....
I request that school personnel administer this prescribed medication to my child according to the directions written above from our physician.

As parent/guardian of _____, we hereby release the Lakeview School District and all its employees from any and all liability for damages our child may suffer as a result of this request.

Date

Signature of parent/guardian