



# Baldwin-Whitehall School District

Administration Office: 4900 Curry Road • Pittsburgh, Pennsylvania 15236-1817  
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Baldwin High School  
412-885-7500, Ext. 4  
Fax: 412-885-6652

J. E. Harrison Education Center  
412-885-7530, Ext. 4  
Fax: 412-885-6766

R. A. Lutz Elementary School  
412-885-7535, Ext. 4  
Fax: 412-885-6641

Whitehall Elementary School  
412-885-7525, Ext. 3  
Fax: 412-885-7559

McAnnulty Elementary School  
412-714-2020, Ext. 3  
Fax: 412-714-2024

## AUTHORIZATION FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION AT SCHOOL (Permission for use of inhalers and prescription medication is on separate forms.)

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Condition	Medication	Strength	Dose	Time	Route	Possible Side Effects
1.						
2.						
3.						
4.						
5.						

### Parent/Guardian Authorization

1. I request that the above medication(s) be given during school hours.
2. I release school personnel from liability in the event adverse reactions result from taking the medication(s).
3. I give permission for the school nurse to communicate with the student's teachers about the student's health condition(s) and the action of the medication(s).

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

\_\_\_\_\_  
Date

**NOTE: Medication is to be supplied in the original bottle.**