Danville Area School District

Student Health Services

Danville Senior High School
St Joseph's Elementary
St Cyril´s Kindergarten
Carla Raup, MHA, BS, RN, CSN
570-271-3268 ext 1103
Fax # 866-240-4318

Danville Middle School
Homeschool
Rebecca Russell, BSN, RN, CSN
570-271-3268 ext 3804
Fax # 866-283-7030

Liberty Valley Intermediate
Rebecca Russell, BSN, RN, CSN
Ruth Hosterman, LPN
570-271-3268 ext 3414
Fax # 866-428-5112

Danville Primary School
Carla Raup, MHA, BS, RN, CSN
Danj VanPelt, BSN, RN
570-271-3268 ext 2108
Fax # 866 -274- 6209

Request for Administration of Treatment

To The Physician/Prescribing Licensed Provider:

Name of Student: _____ Date: _____

Treatment and Full Instructions: _____

_____

Reason for Treatment: _____

Special Instructions (such as curtailment of school activities): _____

_____

Other Treatment/Medication Student is Receiving at Home: _____

_____

Physician/Prescriber's Signature: _____ Date: _____

To The Parent:
I, the parent/guardian, authorize the school nurse to administer the above prescribed treatment according to the physician/prescriber instructions. I relieve the Danville Area School Board and its employees of liability in the administration of this treatment. I agree to allow the school nurse to contact the physician/prescriber requesting this treatment if necessary and to share information relevant to the prescribed treatment as she/he determines appropriate for my daughter's/son's health and safety.

Parent/Guardian Signature: _____ **Date:** _____

Note: Parent/guardian is responsible for supplying, maintaining and delivering treatment equipment/supplies to the school.