

**PENNSAUKEN PUBLIC SCHOOLS  
SPECIAL SERVICES DEPARTMENT**

**REQUEST FOR ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**

The following information must be completed if medication (prescription or non-prescription) is to be administered by the school nurse during school hours.

**To be completed by the Parent/Guardian**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

I give permission for my child to receive the medication specified below during school hours as directed on this form by my child's physician/nurse practitioner.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

**To be completed by the Physician or Nurse Practitioner**

Name of medication \_\_\_\_\_

Diagnosis for which medication is necessary \_\_\_\_\_

Dosage \_\_\_\_\_ Route \_\_\_\_\_ Times to be administered \_\_\_\_\_

If medication is prn, list under what conditions it should be given and how often it may be repeated \_\_\_\_\_

List any restrictions or special instructions associated with administration of the medication: \_\_\_\_\_

Length of time student will require medication \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician/Nurse Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Physician/Nurse Practitioner

\_\_\_\_\_  
Office Phone Number

**The medication must be current, labeled according to pharmacy standards, and in the original container (prescription and non-prescription). The medication must be brought to school by the parent or guardian if student is under age 18.**

**NOTE: A separate physician order form is required for each medication that is administered during school hours.**