



# GOVERNOR MIFFLIN SCHOOL DISTRICT

EDUCATING, INSPIRING, & EMPOWERING  
EVERY STUDENT. EVERY DAY.

LISA TEMPLIN HESS, ED.D.  
SUPERINTENDENT  
ERIN J. ANDERSON, ED.D.  
ASSISTANT SUPERINTENDENT

## REQUEST TO ADMINISTER MEDICATION DURING SCHOOL HOURS

The administration of medication to students at school is a closely controlled situation. Whenever possible, medicine should be given to students before or after school. All medication (prescription and over the counter) must be accompanied by a request for administration from the parent and physician. Medication must be presented in the original container along with a prescription written by the physician.

I request the school nurse to give the following medication to my child during the school hours from  
.....to.....  
(date) (date)

Name of Student \_\_\_\_\_

Name of Medication -----

Dosage to be given-----

Time to be given-----

Allergies to medications -----

List of other medications \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Parent/Guardian Print \_\_\_\_\_

### **For inhalers and Epi-pens**

I give my permission for self-administration of the above medication for all field trips during the  
\_\_\_\_\_ school year.

Parent/Guardian signature \_\_\_\_\_

Parent/Guardian Print \_\_\_\_\_

Brecknock Elementary School  
T: 610-77s-5079 F: 610-68s-3798

Mifflin Park Elementary School  
T: 610-898-1489 F: 610-898-0635

Middle School  
T: 610-775-1465 F: 610-68s-3760

Cumru Elementary School  
T: 610-775-5081 F: 610-685-0404

Intermediate School  
T: 610-77s-5083 F: 610-68s-3761

High School  
T: 610-775-5089 F: 610-796-7471