



Carbon Lehigh Intermediate Unit #21

**AUTHORIZATION FOR ADMINISTRATION OF PRESCRIBED MEDICATION
DURING SCHOOL HOURS**

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, each student must provide the school nurse with a completed copy of this form signed by the student's parent/guardian and a Medication Order from a licensed prescriber. All medications must be provided directly by the parent to the school nurse in an original prescription bottle/container from a pharmacy. The following student must receive the prescribed medication listed below during school hours in order to maintain sufficient health to participate in the school program:

NAME OF STUDENT _____

NAME OF MEDICATION _____

PRESCRIBED DOSAGE _____

TIME SCHEDULE _____

LENGTH OF TIME ☐ **DAYS** ☐ **MONTHS** ☐ **INDEFINITELY**

DIAGNOSIS _____

REASON FOR ADMINISTRATION _____

POSSIBLE SIDE EFFECTS _____

Any medication given in school must be accompanied by the medication form and/or notes from both the student's parent/guardian and physician.

I do hereby release, discharge and hold harmless the Carbon Lehigh Intermediate Unit, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication.

I have read and agree to the above medication protocol:

Signature of Physician

Date

Signature of Parent/Guardian

Date

Building