



CARBONDALE AREA JR. -SR. HIGH SCHOOL

101 Brooklyn St./Business Rt. 6

Carbondale, PA 18407

(570) 282-4500

FAX (570) 282-3394

<http://www.carbondalearea.org>

Joseph W. Farrell, Principal

Lawrence Gabriel III, Assistant Principal

PHYSICIAN ORDER

Please administer the following medication to _____ during the school hours.

Name of Medication	
Dosage	
Route of Administration	
Time To Be Given	
Duration of Order	
Possible Adverse Effects	

*** Diagnosis: _____

Other medication prescribed by physician that student is taking outside of school hours:

Is the student capable of supervised self-administration? Yes _____ No _____

The student has been instructed in the use of an inhaler and has permission to carry and take this medication on his/her own as directed above. Yes _____ No _____

Emergency Response: _____

Physician Signature: _____ Date: _____

PARENT AUTHORIZATION/REQUEST

Please check on of the following:

_____ My child can self-administer the above medication under supervision of the principal, his designee or the school nurse.

_____ My child is capable of self-administering the above medication and has been instructed in the use of and has permission to carry and take this medication on his/her own as directed above.

_____ My child is not capable of self-administering the above medication. I understand that the school nurse will administer this medication on days when she is at my child's school. When she is not available, I or someone I designate will administer the medication.

I relieve the Carbondale Area School Board and its employees of liability for medication administration/supervision of self-administration and medications that are carried by the student and are self-administered.

Parent Signature: _____ Date: _____