

Southern Lehigh School District

School Health Service

5775 Main Street

Center Valley, PA 18034

Authorization for Medication during School Hours

Current School Year _____ Grade _____

If your student must receive medication during school hours and you cannot come to school to administer the medication, the following steps must be followed:

- All medication must come into school in its original bottle or package and go directly to the school nurse or other authorized health services personnel. In the absence of any health services personnel, the medication should be delivered directly to school office personnel.
- **This form must be by completed by the physician and signed by you. This includes both prescription and over the counter medication. This form is only valid for the current academic school year. A form must be completed for each medication prescribed every school year.**

The school will hold the medication in the health suite. It will be the student's responsibility to report to the nurse at the correct time.

The prescribing physician must complete the following:

1. Child's Full Name _____
2. Diagnosis _____
3. Medication Prescribed _____
4. Prescribed Dosage _____
5. Time Schedule _____
6. Doctor's Name _____
7. Expected Duration _____
8. Any Special Circumstances _____

I certify that it is imperative that the medication prescribed above be taken during school hours. Failure to take such medication would jeopardize the health of the student or would prevent the student from attending school.

Physician's Signature

Date

I do hereby release, discharge and hold harmless, the Southern Lehigh School district, its agents and employees, from any and all liability and claim of whatsoever nature for the administration of the above medication to my child and for any and all injuries resulting there from.

Signature of Parent/Guardian

Date