SOUTHERN LEHIGH SCHOOL DISTRICT
School Health Service
5775 Main Street
Center Valley, PA 18034

Authorization for Medication during School Hours

If your child 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 a nurse or other authorized 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 is for both prescription and over the counter medication.

The school will hold the medication in the health room. It will be the student’s responsibility to go to the office or health room at the correct time and request and administer the medication.

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

12/2007