

SAMPLE FORM

**GREENVILLE AREA SCHOOL DISTRICT
9 DONATION ROAD
GREENVILLE, PA 16125**

Dear Parent or Guardian:

The Greenville School District recognizes that parents have the primary responsibility for the health of their children. Although the district strongly recommends that medication be given at home, it realizes that the health of some children requires that they receive medication while in school. When medication absolutely must be given during school hours, certain procedures must be followed.

Instructions to the school nurse or school district designee for the administration of medication or treatment required during the school day.

SECTION I

NAME OF STUDENT _____ HOME PHONE _____

SCHOOL _____ GRADE _____ TEACHER _____

SECTION II

To be completed by the parent for short-term prescription medication (antibiotics) or non-prescription medication.

NAME AND ADDRESS OF PHYSICIAN

NAME AND TREATMENT/MEDICATION _____

DATE MEDICATION/TREATMENT TO BEGIN _____ DATE CEASES _____

DOSAGE _____ EXACT TIME OR TIME RANGE _____

ALLERGIES _____ SPECIAL INSTRUCTIONS _____

SECTION III

To be completed by a physician for long-term prescription medication or emergency medication (e.g. Ritalin, asthma or seizure –controlling meds.)

NAME OF MEDICATION OR NATURE OF TREATMENT _____

PURPOSE OF MEDICATION/TREATMENT _____
DATE _____

MEDICATION/TREATMENT TO BEGIN _____

DATE CEASES _____

DOSAGE _____ EXACT TIME OR TIME RANGE _____

SPECIAL INSTRUCTIONS _____

POSSIBLE REACTIONS _____

KNOWN ALLERGIES _____

PROCEDURE TO FOLLOW IF REACTION SHOULD OCCUR _____

PERSON TO CONTACT _____ PHONE _____

DOES MEDICATION REQUIRE REFRIGERATION? YES _____ NO _____

PLEASE RETURN THIS FORM WITH THE MEDICATION

Signature of Physician Date

SECTION IV

I hereby authorize the medication/treatment listed above to be administered to my child or charge. Furthermore, I release the Greenville School District and its employees from liability claims which may be brought as a result of district employees carrying out their assigned duties in good faith.

Signature of Parent/Guardian Date