

**Medication Administration Order Form**

REDBANK VALLEY SCHOOL DISTRICT

920 Broad Street

New Bethlehem, Pennsylvania 16242

Telephone: 814-275-2426

TO THE PHYSICIAN:

School policy permits school employees in Redbank Valley School District to administer prescribed medication provided in pharmaceutical acceptable container, to pupils during school hours with written instructions from the personal physician.

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medication/Dosage/Time \_\_\_\_\_

\_\_\_\_\_

Expiration Date \_\_\_\_\_

Side Effects/Adverse Reactions \_\_\_\_\_

Emergency response \_\_\_\_\_

If using an inhaler/Epi-Pen, can student carry and self-administer? \_\_\_\_ Yes \_\_\_\_ No

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the parent/guardian, request and authorize school personnel to administer the above medication as prescribed. We hereby release the Redbank Valley School District and all its employees from any and all liability for damages our child may suffer as a result of this request. I give permission for the school nurse to communicate with my child's physician regarding this medication.

School child attends: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Phone \_\_\_\_\_

This request will remain in effect for the present school year or until the medication is changed or discontinued by the physician.