3192 Turnpike St., Susquehanna, PA 18847 Phone (570) 853-4921 www.scschools.org

Elementary School
Health Office
Ext. 1343/1345
Fax: (570) 853-3092

High School
Health Office
Ext. 2347
Fax: (570) 853-3918

PHYSICIAN/PARENT REQUEST FOR ADMINISTRATION OF MEDICINE OR SPECIAL PROCEDURE BY SCHOOL PERSONNEL

Special health care procedures and medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot be otherwise accomplished. This completed form, along with the medication and/or special equipment items are to be brought to the school by a parent in the original container appropriately labeled by the pharmacy (hint: parents may request that the pharmacist dispense two bottles of medication, one for home and one for school).

HEALTH CARE PROVIDER SECTION (ITEMS 1-9)

1. Name of student _____ Grade _____
2. Name of medication/procedure _____
3. Diagnosis/condition for which prescribed medication/treatment is required
   _____
4. Dosage and route of administration/instruction (include time schedule)
   _____
5. Precautions/possible side effects _____
6. Curtailment of school activities (sports/gym/recess, etc) _____
7. Other medications (prescribed) that student takes outside of school hours
   _____
8. Date of request _____ Date of termination _____
9. Identification of Health Care Provider

_____/_____
Health Care Provider's Name (PRINTED) *Health Care Provider's Signature*

_____/_____
Health Care Provider's Address *Health Care Provider's Telephone #*

PARENT SECTION

I the undersigned parent/guardian of _____, request
Student Name
that the above medication/procedure be administered to my child by the Certified School Nurse (CSN), Registered Nurse, staff, or designee of the Principal or CSN as explained in the school medication policy.

_____/_____/_____
Parent/Guardian Signature *Date* *Telephone #*