Greensburg Salem School District

PRIVATE REQUEST FOR
ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

High School
65 Mennel Drive
Greensburg, PA 15601
P:724-832-2975
F:724-832-2926

Middle School
301 North Main Street
Greensburg, PA 15601
P: 724-832-2945
F: 724-832-2937

Hutchinson Elementary
810 Welty Street Greensburg, PA 15601
P:724-832-2885
F:724-832-2874

Metzgar Elementary
140 CC Hall Drive
New Alexandria, PA 15670
P:724-668-2237
F:724-668-8297

Nicely Elementary
55 McLaughlin Drive
Greensburg, PA 15601
P:724-832-2868
F:724-832-2860

STUDENT'S NAME: _____ _____
(LAST NAME) (FIRST NAME)

TEACHER _____ GRADE _____ BIRTHDATE_____

It is our procedure to request that medication be taken prior to or after school hours whenever possible. If it is essential that the child receive the medication(s) during school hours, please complete the following information. The fact that this is a service or accommodation which the school is not legally required to perform is recognized by all parties signing this form, and in so signing they waive all liability suits, and claims of whatever nature or kind, which might arise out of these arrangements.

The following information should be completed and signed by your physician. Parents should then sign where indicated and return this form to the school nurse as soon as possible.

Condition for which medication is being taken (Diagnosis) _____

Medication _____

Dosage _____

Times to be given in school _____

How long will the pupil be taking this medication? _____

Possible side effects _____

Please bring no more than a one (1) day supply of the medication in the original container with the original label from the pharmacy on it. A note from the parent should accompany the medication stating medication dosage(s) and time(s).

Physician's signature _____

Physician's address _____

_____

Physician's phone _____ Date_____

Parent's signature _____

Parent's address _____

_____

Parent's phone _____ Date _____