

St. Joseph School – Dallastown

Dear Parents or Guardians,

We attempt to discourage the administration of medication in school. However, if it is medically necessary for medication to be given to your child during the school day, this form must be completed in its entirety. For "over the counter" medication, complete section A and return the form to school along with the medication in its original carton/container. For all medication ordered by a physician, complete section A and have the physician complete section B and return the form and the medication in the pharmacy labeled bottle to school. If the above guidelines are not followed, the medication will **NOT** be administered to your child. Thank you for your cooperation in this matter.

Margaret A. Snyder, M.Ed., M.S., Principal

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Section A (Must be completed by parent/guardian for ALL medications to be administered)

_____ Child's Name	_____ Grade	_____ Date
_____ Name of medication	_____ Dose	_____ Time to be given

Duration of treatments Medication should remain in school _____ Sent home daily _____

I hereby give my permission for the nurse or school personnel to administer medication during the school day to my child.

Parent/Guardian Signature

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Section B (Must be completed by physician for all prescription medications)

_____ Name of medication	_____ Dose	_____ Date
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Time and circumstance of administration at school

May the medication be repeated if necessary? Instructions

Can a reaction be expected? If so, please describe.

_____ Physician's Signature	_____ Physician (printed) name	_____ Physician's Phone #
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