

GREATER NANTICOKE AREA

HEALTH DEPARTMENT

MEDICAL PERMISSION

TO THE PHYSICIAN:

School policy permits selected school staff to assist in dispensing medication to CHILDREN WITH CONDITIONS who require medication during the the school day. This procedure will permit the child to remain in school. All medication received by the school must be packaged according to current pharmacy standards. The medication should be sent daily with the child. The following information is required:

NAME OF CHILD _____

DATE OF BIRTH _____ SCHOOL _____

DIAGNOSIS _____

MEDICATION REQUIRED/DOSAGE/DURATION _____

SPECIAL INSTRUCTIONS _____

SPECIAL CONDITIONS TO OBSERVE _____

INDICATE ADDITIONAL MEDICATION CHILD IS RECEIVING _____

SIGNATURE OF PHYSICIAN

TELEPHONE

PRINT NAME OF PHYSICIAN

TO THE PARENT: I authorize selected school staff to dispense the above medication as prescribed.

SIGNATURE OF PARENT

DATE

TELEPHONE

DIRECTIONS: Form is issued by school nurse to parent. Parent obtains information as required from the physician or treating agency. Form is returned to the school nurse. Original will be retained in the Nurse's office.