

KEYSTONE HIGH SCHOOL
 700 Beatty Avenue
 Knox, PA 16232
 Phone: 814-797-1261 ext 2
 Fax: 814-797-1331

Kimberly Scheer, RN, CSN

REQUEST FOR ADMINISTRATION OF MEDICATION

INSTRUCTIONS: This form must be completed and signed by the child's physician and parent(s)/guardian and returned to the school nurse's office before medication can be administered. Please note that a completed form is required for each medication if more than one medication is to be administered.

TO THE PHYSICIAN

School policy permits selected school staff to administer medication to CHILDREN WITH MEDICAL CONDITIONS who require medication during 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 following information is requested:	
Patient's Name	Grade
Date of Birth	School
Diagnosis	
Medication Required/Dosage/Duration	
Instructions for Administration	
Special Conditions to Observe	
Indicate Other Medication Child is Receiving	
Physician's Name (Please Print)	Physician's Signature
Address	Date
City/State/ZIP	Phone
Fax	

TO THE PARENT(S)/GUARDIAN

I authorize selected school staff to administer the above medication.	
Signature of Parent(s) / Guardian	
Date	Phone

FOR SCHOOL HEALTH SERVICES ONLY

Date Received	Date Approved
Signature of School Nurse	