



WALLENPAUPACK AREA SCHOOL DISTRICT

HC 6, Box 6075
Hawley, PA 18428-9045
(570) 226-4557 ext. 3000
Fax: (570) 226-0638

PRIVATE PHYSICIAN'S FORM FOR ADMINISTERING OF A PRESCRIPTION DRUG

Date: _____

Dear Doctor:

The parent/guardian of _____ has requested that it is necessary for their child to receive medication(s) during school hours.

It is essential that this student receives medication(s) during school hours. The following information must be completed:

Diagnosis: _____

Name of Medication: _____

Dosage: _____

Route of Admin. (Oral/Inj.): _____

Time Schedule of Admin: _____

Duration of Med.: _____

Possible Side Effects of Med.: _____

Other medicine prescribed by physician that student is taking outside school hours:

I do hereby discharge, and hold harmless the Wallenpaupack Area School District, its agents and employees, from any and all liability and claim whatsoever, for the administration of the above medication to my child.

Parent/Guardian Signature

Date

Physician's Signature

School Nurse

Physician's Telephone Number