St. Stephen's Episcopal School

215 North Front Street, Harrisburg, PA 17101-1407

AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

This form must be completed whenever any medication must be given to a student during school hours in order that a continuous medication regime is maintained. Medication must be packaged in the properly labeled pharmacy container.

Medication must be HAND DELIVERED to the school by the PARENT/GUARDIAN.

FROM the Physician:

_____ _____ St. Stephen's Episcopal School

Student Last Name, First Name D.O.B.

Diagnosis: _____

Medication and dosage: _____

Route of administration (oral, injection, etc.): _____

Time schedule: _____

Duration of administration (days, weeks): _____

Possible side effects or contraindications: _____

Other medication student is taking: _____

_____

Date: _____

_____ _____

Physician's Signature Phone Number

_____

Physician's Name (please print)

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FROM the Parent:

I authorize St. Stephen's Episcopal School to administer the above medication as prescribed. I do hereby release, discharge and hold harmless the St. Stephen's Episcopal School, 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

Office: 717-238-8590 Fax: 717-238-0565 Email: ststephensschool@comcast.net
Website: www.ssesschool.org

Celebrating Diversity, Values, Excellence, and the Special Gifts of each child in the Heart of Downtown Harrisburg.