

# Bloomsburg Area School District

Alex J. Dubil Administration Building  
728 EAST FIFTH STREET BLOOMSBURG, PENNSYLVANIA 17815-2305 (570) 784-5000 FAX (570) 387-8832  
<http://bloomsburgasd.schoolwires.com>

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Student attends(circle one): Beaver-Main / Memorial / WWEvans / Middle School / High School

## **Medication Administration Request Form**

**To be completed by physician for all medications, including over the counter:**

\_\_\_\_\_ (full name of student) must receive the following medication in order to maintain sufficient health to participate in the school program.

Name of Medication: \_\_\_\_\_

Reason for Administration: \_\_\_\_\_

Dosage to be administered: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Date(s) to be administered: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Phone Number

Physician's Comments: \_\_\_\_\_

I request that school district personnel administer to my child the medication as indicated above. I do hereby release, discharge, and hold harmless the Bloomsburg Area School District and its agents and employees from any and all liability and claim whatsoever for the administration of the above-indicated medication to my child, should a reaction develop because of the medication.

\_\_\_\_\_  
Parent's Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Phone Number