

Bloomensburg Area School District

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

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: _____

***EpiPens/Inhalers:** Please indicate if student is allowed to carry and self-administer.

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 Bloomensburg 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