



CENTRAL COLUMBIA

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District Administration Office
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High School & Athletic Office
570-784-2850 Ext. 3000
HS Fax 570-784-3570

Middle School Office
570-784-2850 Ext. 2000
Fax 570-784-4935

Elementary School Office
570-784-2850 Ext. 1000
Fax 570-784-2582

Medication Administration Request Form

It is the policy of Central Columbia School District to administer prescribed medication during school hours only when absolutely necessary. When medication must be given during school hours, school policy permits designated school personnel to administer or supervise the self-administration of prescribed medication. This medication must be provided in the original labeled pharmaceutical container and delivered to the school nurse by a parent/guardian or by the student with prior approval.

This request form, completed in its entirety, must be presented to the school nurse prior to the administration of the medication.

TO BE COMPLETED BY PHYSICIAN:

Student: _____
Medication: _____
Diagnosis: _____
Dosage to be administered: _____
Time to be administered: _____
Length of time medication is to be given: From _____ To _____
(Date) (Date)
Signature of attending physician: _____
Telephone number: _____

Comments by physician: _____

TO BE COMPLETED BY PARENT/GUARDIAN:

I request, the school district personnel, to give my child the above medication. I do hereby release, discharge and hold harmless, the school district and its agent and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child should there develop a reaction to the medication. I give permission for the school nurse to consult the prescribing physician if necessary.

Signature of parent/guardian: _____ Date: _____