

Please note:

In order for medication to be administered during school hours, a private physician request for administration of medication during school hours (Form A) and a parental authorization and indemnification for the dispensation of prescription medication (Form B) must be presented to the school nurse.

South Butler County School District

328 Knoch Road
Saxonburg, PA 16056
Phone: (724) 352-1700
Fax: (724) 352-5170

Private physician request for administration of medication during school hours (Form A)

Dear Doctor:

In general, medication will not be given during the school day. If, however, it is absolutely necessary, the form below must be completed.

Instructions: To school personnel for the dispensing of medication required during the school day. (Please print or type.)

(name of child) (grade) (name of medication)

(doctor prescribing medicine) (doctor's phone number)

Diagnosis: _____

Purpose of medication: _____

(date prescription begins) (date prescription ends)

(dosage) (time dosage is to be taken)

Special instructions, if any _____
(pills crushed, with water, etc.)

Self administration ____ Yes ____ No

Does the medication require refrigeration? ____ Yes ____ No

Possible reaction: _____

Procedure to be followed if reaction should occur _____

Person to contact _____ Phone number _____

Please return this form with the medication.

I hereby authorize the medication listed above to be administered to:

(name of child)

(date)

(signature of physician)

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Parental authorization and indemnification for the dispensation of prescription medication (Form B)

I _____, parent of legal guardian of
(name of parent)
_____, grade _____, hereby authorize the South
(name of student)
Butler County School District and its nurses and/or designated employees to dispense
_____ to _____ .
(name of medication) (name of student)

Medicine will be accompanied by the prescribing physician's instructions.

In consideration of the dispensation of medication by the nurses and/or designated employees who are employed by said district, I hereby covenant and agree to hold harmless and indemnify all such employees against any and all claims, damages, expenses, attorney's fees, suits, cause or causes of action in law or equity or any place howsoever which may be brought against such employees in connection with such dispensation, including but not limited to negligent acts or omissions.

This agreement shall be effective until revoked by me in writing.

(date) (signature of parent and/or guardian)