

Palmerton Campus: 259 Lafayette Ave., Palmerton, PA 18071  
Slatington Campus: 641 Washington St., Slatington, PA 18080  
[www.sjnschool.org](http://www.sjnschool.org)

Tel: 610-826-2354  
Tel: 610-767-2935  
altcsjn@ptd.net

+Dear Parents/Guardians,

Please review the school policy dealing with administering medications to students.

No medications are to be given in school by anyone without specific orders from their particular doctor. Where such medication must be administered for the health and safety of the student, the particular medication must be labeled with the name of the doctor, student name, medication name, date, time and dosage to be given. Likewise, the medical side effects that might occur are to accompany this medication, especially what must be done in an emergency. Upon arrival to school, the medication is to be presented in the school office where it will be locked away during the school day. The student is responsible to collect the medication at the end of the school day if it is needed at home.

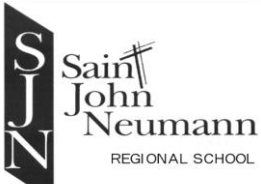
The student involved should be informed as to their medication needs before coming to school. They are not permitted to display the medication to other students nor have other students handle these medications. If a student is sick with an infectious illness, the student is to be examined by their family doctor before being sent to school and only with the doctor's written permission will the student be admitted back to school.

Please complete the form on the other side if you child is to be given medication during school hours.

Thank you for your cooperation in this matter.

+Sincerely,

Sr. Virginia Stephanie, SSJ  
Principal



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## SCHOOL HEALTH SERVICES AUTHORIZATION FOR MEDICATION

My child, \_\_\_\_\_, may receive the following medication during school hours.

### **Prescribed:**

1. Medication Name: \_\_\_\_\_
2. Reason for Medication: \_\_\_\_\_
3. Prescribed Dosage: \_\_\_\_\_
4. Time Schedule: \_\_\_\_\_
5. Side Effects: \_\_\_\_\_

### **Over the Counter Medicine:** (Tylenol, Ibuprofen, cold and cough medicine, etc.)

1. Medication Name: \_\_\_\_\_
2. Dosage: \_\_\_\_\_
3. Time Schedule: \_\_\_\_\_

\* All medication coming from home must be in the original containers.

\* I do hereby release, discharge, and hold harmless, St. John Neumann Regional School, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child, nor shall said school district be held accountable to the development of any reaction from the administration of such medication.

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Signature of Parent/Guardian

\_\_\_\_\_  
Date