



Palmerton Campus: 259 Lafayette Ave., Palmerton, PA 18071  
Slatington Campus: 641 Washington St., Slatington, PA 18080

Tel: 610-826-2354  
Tel: 610-767-2935

### **SCHOOL HEALTH SERVICES AUTHORIZATION FOR MEDICATION**

My Child, \_\_\_\_\_, may receive the following medication during school hours. Check one or both.

#### **Prescribed:**

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

**\*\*only required for the prescribed medication**

#### **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, the St. John Nuemann Regional School, it's 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 of Guardian

\_\_\_\_\_ Witness \_\_\_\_\_ Date