

**Brandywine Heights Area School District
Topton, PA 19562**

Dear Parents,

Our school staff is willing to cooperate with physicians and parents if your child must take medication during the school hours. To prevent a possible error in giving medication and to protect your child, please note the following guidelines:

- This permission and information form must be completed whenever any medication **(prescription and over-the-counter)** is to be administered during the school time.
**Please note- A physician must sign this form.*
- The form must be completed and returned to the school nurse. (Duplicate forms are available in the nurse's office and on the school website under Health Services Department @ www.bhasd.org.)
- Please send medication in the original pharmacy container identifying the child's name, the medication, the dosage, and the prescribing physician.

If you have any questions, please feel free to contact the school nurse.

Request to Administer Medication During School Hours

Date _____

Name of Student _____

Grade _____ Homeroom Teacher _____

Name of Medication _____

Dosage _____ Frequency _____

Time to Administer _____

Effective Dates: From: _____ To: _____

Reason for Medication _____

Special Instructions/Conditions to observe _____

It is my understanding that the employees of Brandywine Heights School District charged with the dispensing of medication may rely upon my directions as contained in this document.

Signature of Physician

Date

Physician Address

Physician Phone #

Signature of Parent