



435 S. 6th Street Emmaus, PA 18049
610-965-9220 School ~ 610-967-4521 Fax
www.stann-emmaus.org

AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

The following student must receive the medication listed below during school hours in order to maintain sufficient health to participate in the school program:

Name of Student: _____

School: St. ANN SCHOOL, EMMAUS

Grade: _____

Name of Medication: _____

Prescribed Dosage: _____

Time Schedule: _____

Length of Time: _____ DAYS _____ MONTHS _____ INDEFINITELY

Diagnosis: _____

Reason for Administration: _____

Possible Side Effects: _____

Any medication given in school must be accompanied by this medication form and/or notes from both the student's parent/guardian and physician. All medication must be brought to school by the parent/guardian in the original container and must be given to the nurse/principal or authorized representative.

I/We release, discharge, and hold harmless St. Ann School, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my/our child should there develop a reaction from the medication. I/We have read and agree to the above medication policy.

Signature of Parent/Guardian

Date _____

Signature of Physician

Date _____