

NORTH HILLS SCHOOL DISTRICT

Procedure for Administering Medication at School

It is required by the North Hills School District that the attending physician complete this form for any medication to be given during school hours. This form is only good for the school year in which it is signed. All medication must be sent to school in the original container bearing the medication name and, if prescription, the current dose.

Student Name

Grade

Date

Medication and Dosage

Time to be administered

to
Duration of the medication course

Condition for which medication is prescribed

Possible side effects

Physician's signature

Physician's Phone Number

Physician's Fax Number

I agree that the North Hills School District and their assigned personnel shall not be held responsible for any untoward effects of this medication.

Signature of Parent / Guardian

Daytime phone number

Date

Please return the signed form to:

Joan Kinder, RN
School Nurse

Senior High School
53 Rochester Road
Pittsburgh, PA 15229

412-318-1417
Phone number

412-318-1403
Fax number