

# Keystone School District

KEYSTONE HIGH SCHOOL  
700 Beatty Avenue  
Knox PA 16232  
Phone: 814-797-1261 ext. 2121  
Fax: 814-797-2868

KEYSTONE ELEMENTARY SCHOOL  
451 Huston Avenue  
Knox PA 16232  
Phone: 814-797-1251 ext. 1133  
Fax: 814-797-0282

## School Health Services Only

Date Received:

Date Approved:

Signature of School Nurse

## Request for Administration of Medication

Instructions: This form must be completed and signed by the child's physician and parent(s)/guardian and returned to the school nurse's office before medication can be administered. Please note that a completed form is required for each medication if more than one medication is to be administered. A new form must be completed if dose or administration instructions change.

## To The Physician

School policy permits selected school staff to administer medication to CHILDREN WITH MEDICAL CONDITIONS who require medication during the school day. This procedure will permit the child to remain in school. All medication received by the school must be packaged according to current pharmacy standards. The following information is requested:

Patient Name

Date of Birth

School

Grade

Diagnosis

Medication Required/Dosage/Duration

Instructions for Administration

Special Conditions to Observe

Indicate Other Medication Child is Receiving

Other Notes or Comments

Physician's Name (Please print)

Address

Phone

City/State/Zip Code

Fax

Physician's Signature

Date

I authorize selected school staff to administer the above medication.

Signature of Parent(s)/Guardian

Phone

Date

Petula King, MSN, CSN, RN

Dawn Keighley, LPN