

Western Wayne School District

Request for Administration of Medication During School Hours
Western Wayne School District Phone Number: 1-800-321-9973

EverGreen Elementary
Fax: 570-341-1220
C. Davis, C.S.N.
C. Salak, R.N.

R.D. Wilson Elementary
Fax: 570-341-1224
M. Shelp, C.S.N.

W.W. Middle School
Fax: 570-341-1223
Lori Krol, C.S.N.

W.W. High School
Fax: 570-341-1222
D. Johnson, C.S.N.

Dear Health Care Provider,

It is the policy of the Western Wayne School District to request that medication be given at home whenever possible. If it is essential that the student receive the medication during school hours, please provide the following information. ***Also, please note where indicated below, if the student may independently self-administer rescue inhalers or epinephrine auto-injectors.***

Date _____

I want _____ to receive the following medication(s) during school hours:

	Medication #1	Medication #2	Medication #3
Name of Medication			
Dosage			
Route of Admin.			
Time to be Given			
Duration of Order			

Condition/Diagnosis:

YES NO Is the student capable of ***supervised self-administration?***

YES NO Has the student demonstrated the capability for ***independent self-administration*** and responsible behavior regarding the use of a ***rescue inhaler*** or ***epinephrine auto-injector?***

(The student must notify the school nurse following ***independent*** use of the medication, but the school bears no responsibility for ensuring that the medication is taken as ordered.)

Physician's Signature _____ Phone _____

Fax _____

Parent/Guardian Permission

I give permission for my child to receive the medication(s) described above, during school hours. I do hereby release, discharge and hold harmless the Western Wayne School District, its agents and employees, from any and all liability and claims whatsoever for the administration of the above medication(s) to my child.

Parent/Guardian Signature _____ Date _____

