

SOUTHERN HUNTINGDON COUNTY SCHOOL DISTRICT

10339 Pogue Road
Three Springs, PA 17264
Phone: (814) 447-5529 Fax: (814) 447-3750

Mr. Dwayne Northcraft
Superintendent

Mrs. Kathy Cutchall
Principal/Elementary

Mrs. Brianne Parks
MS/HS Principal

EPI-PEN

MEDICATION PERMISSION FORM

PHYSICIAN'S Request for Administration of Medication to a Student During School Hours

Date: _____

Name of Student: _____

Diagnosis/Reason for Medication: _____

Name of Medication and Dosage to be Administered: _____

Medication to be Administered at: _____
TIME of day

Duration of Medication Administration order is to be from _____ to _____

Contraindications or complications?

Emergency Response:

Is student able to safely self-administer and carry the epi-pen with them each day at school? YES NO

Physician's Signature

Phone Number

Print Name of Physician

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As parent/guardian of \_\_\_\_\_ we hereby acknowledge that the school is not  
(Student Name)

responsible for ensuring that the student takes the medication or for ensuring that the student carries the medication with them, and we hereby release the Southern Huntingdon County School District and all of its employees from any and all liability for damages our child may suffer as a result of this request.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone Number

*Home of the Rockets*



SHC PRIDE IS IN ME!!