

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

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?

Limitations of school activities?

Is student receiving any other Medications or Treatments?

Physician's Signature

Phone Number

Print Name of Physician

I/we authorize the administration of the above Medication during school hours and agree to supply an original unexpired bottle/container of the medication to be used for administration at school.

Name of Student

Date

Parent/Guardian Signature

Phone Number

Home of the Rockets



SHC PRIDE IS IN ME!!