

**SOUTH WESTERN SCHOOL DISTRICT  
225 BOWMAN ROAD, HANOVER, PENNSYLVANIA 17331-4297 (717) 632-2500**

**PRIVATE PHYSICIAN AND PARENT REQUEST FOR ADMINISTRATION OF  
PRESCRIPTION MEDICATION DURING SCHOOL HOURS**

It is the practice of schools of York County to request that medication be given before or after school hours whenever possible.

If it is essential that the student receive the medication(s) during school hours, please complete the following information. No prescribed, or over-the-counter, medication will be given until this fully completed form is received in school.

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_  
Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

**TO THE PHYSICIAN:**

Name of Medication \_\_\_\_\_

Reason for Medication/Diagnosis \_\_\_\_\_

Dosage \_\_\_\_\_ How to be Administered \_\_\_\_\_

Time Schedule for Administration \_\_\_\_\_

Duration of Medication Administration \_\_\_\_\_

Possible Side Effects or Contraindications \_\_\_\_\_

Curtailment of Specific School Activity (Sports, Shop, Lab, Driver Education, etc.) \_\_\_\_\_

Other Medications Prescribed by Physician that Student is Taking Outside of School Hours

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

**TO THE PARENT OR GUARDIAN:**

I give my permission for the school district personnel to administer the above prescribed medication to my child during school hours.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parents are required to bring the medication to school. Please do not bring the entire supply of medication. The original prescription container is required. Medication left at school will be discarded after a reasonable amount of time.**