

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