

Clarion-Limestone Area School District

4091 C-L School Road
Strattanville, PA 16258
Business Office/Superintendent
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Fax: 814-764-5729

High School
Phone: 814-764-5111
Fax: 814-764-5274

Elementary
Phone: 814-764-6006
Fax: 814-764-5806

REQUEST FOR MEDICATION ORDER

To the Physician:

In accordance with Pa Department of Health Law (49Pa Code 21.14a), in order for a student to receive prescribed medication in the school setting, we must have a signed, dated medication order from their physician. Specifically, the order must contain directions for the Nurse to administer each medication prescribed to be taken during school hours. The following information is required:

Student Name _____ Date of Birth _____

School _____

Diagnosis _____

Medication required/Dosage/ Route _____

Duration/Discontinuation _____

Instructions for Administration _____

Special conditions to observe _____

List of all current medications child is receiving _____

Signature of Physician _____ Telephone number _____

Printed Name of Physician _____

To the Parent:

I authorize designated school staff to administer the above medication as prescribed. I further agree to release the school district, the school nurse, or other employee of the district of any liability incurred as a result of dispensing medication and further agree to indemnify and save harmless the school district, school nurse or other employee of the school district for any such liability.

Signature of parent/guardian

Date

Telephone Number

Mission Statement: "The Clarion-Limestone School community is committed to providing students with a quality education in preparation for success in a diverse world."
"An Equal Rights and Opportunities School District"

