

# Clarion-Limestone Area School District

4091 C-L School Road  
Strattanville, PA 16258  
Business Office/Superintendent  
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High School  
Phone: 814-764-5111  
Fax: 814-764-5274

Elementary  
Phone: 814-764-6006  
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## 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: Clarion Limestone High School

Diagnosis: \_\_\_\_\_

Medication required/Doseage/ Duration \_\_\_\_\_

Instructions for Administration \_\_\_\_\_

Special conditions/side effects to watch for \_\_\_\_\_

\*\*\* \_\_\_\_\_ If it is medically advisable for this student to carry their emergency medication ( Inhaler or Epi-Pen) with them and they can be responsible with self-administration, please check this space.

List of all medications student is currently receiving \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Phone 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"

