## BETHLEHEM AREA SCHOOL DISTRICT Bethlehem, Pennsylvania

## **AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS**

Date:
My child,
Name of medication:
Prescribed dosage:
Time schedule:
Diagnosis and necessity of medication during schools hours:
Physician:
Physician telephone number:
List side effects of medication:
Expected duration of medication regime:
If the student may carry and be responsible for Epipen or metered dose inhaler, please initial here.
prescriberdatedate
<u>Field Trips</u> - Medication will not be sent on field trips unless specific arrangements have been made. School Nurses do not accompany students.
School Delays or Early Dismissals – In case of a delay or early dismissal, medication scheduled to be given during those times will not be given.
I do hereby release, discharge and hold harmless, Bethlehem Area School District, its agents and employees, from any and all liability and claims whatsoever in connection with the administration of the above medication to my child.
Signature of Parent or Guardian Signature of Physician Rev. 9/05