

Authorization to Administer Medication during School Hours

To Whom It May Concern:

I am giving my permission to the Moon Area School Nurse to administer medication to my child during normal school hours.

A written order with specific instructions from my child's physician is attached.

I am aware that if the medication is discontinued or changed, I must contact the school nurse. A new written order from the physician and parent authorization form will be required.

NOTE: Medication must be brought to the school nurse by a parent or guardian.

Student's Name:		Date of Birth:	
Physician's Name:		Physician's Phone:	
Physician's Address			
Physician's Signature:			

1	Name of Medication:		
	Time:	Dosage:	Reason:

2	Name of Medication:		
	Time:	Dosage:	Reason:

3	Name of Medication:		
	Time:	Dosage:	Reason:

<p>If you have any questions or comments, please contact your school nurse. 412-264-9440, after initial message, Dial 8, plus extension below</p>						
High School x2016	Middle School x3510	Allard x4704	Bon Meade x5701	Brooks x6503	Hyde x7508	McCormick x9550

Signature of Parent/Guardian:	
Date:	Daytime Phone: