

**PEN RYN SCHOOL
235 S. Olds Boulevard
Fairless Hills, PA 19030
215-547-1800**

PHYSICIAN MEDICATION ORDER

Any over-the-counter medication or medication order without clear time or instruction shall not be dispensed unless the school has an order on file from the physician and written parental/guardian permission authorizing the school nurse to dispense the medication in the original container and in accordance with the directions of the physician. Please have your physician complete this form, with the parent/guardian signature, and return to school.

Physician Order:

Student Name _____ Age _____ Date of Order _____

Diagnosis _____

Name and Purpose of Medication _____

Dosage _____ Route _____

Time and/or frequency (be specific) _____

Special Instructions _____

Side Effects _____

Class Trips: In the event of a class trip, this medication may be administered upon return to school or omitted.

Printed Name of Physician _____

Address and Phone Number _____

Signature _____

I authorize the school nurse to communicate with my child's health care provider and my health care provider, to reply as needed, regarding this medication and child's response.

I hereby release school employees from any and liability or responsibility for any injury or damages that may result from the administration of medication in accordance with this request under the conditions indicated above.

Parent/Guardian Signature _____