No. 210-AR

NORTHERN LEHIGH
SCHOOL DISTRICT

ADMINISTRATIVE
REGULATION

NORTHERN LEHIGH SCHOOL DISTRICT
SLATINGTON, PENNA.
SCHOOL HEALTH SERVICES

AUTHORIZATION FOR MEDICATION

My child, _____, must receive the following prescribed
Full Name
medication during school hours.

Medication _____

Prescribed Dosage _____

Time Schedule _____

Physician _____

Pharmacy _____

Pharmacy Phone Number _____

I do hereby release, discharge and hold harmless, the Northern Lehigh School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child, nor shall said District be held accountable for the development of any type of reaction from the administration of such medication.

_____
Signature of Parent or Guardian

WITNESS:

_____ Date: _____