

Conemaugh Valley School District Johnstown, PA

Dear Parent:

It is our policy that all student's medication be administered by a parent at home. If it is essential that your child receive the medication(s) during school hours, please completed the following information for prescription medication. Medication must be in labeled container from the pharmacy.

1. Students Name
 2. Prescription No.
 3. Physician
 4. Physician's Signature
 5. Name of Medication(s)
 6. Dosage
 7. Purpose of Medication
 8. Time to be Administered
 9. Termination Date
 10. Possible Side Effects
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Complete the following information for non-prescription medication. Medication must be in ORIGINAL CONTAINER.

1. Students Name

2. Name of Medication(s)

3. Dosage

4. Purpose of Medication

5. Time to be Administered

6. Termination Date



I hereby request that the Conemaugh Valley School District, through its appropriate personnel, administer a physician's prescribed medication or a non-prescribed medication to our child, as described above. I further release and hold harmless, the Conemaugh Valley School District and its employees, from any liability for injury or damage as a result of such administration of medication.

Date

(Signature of Parent / Legal Guardian)

