



Dassa McKinney Elementary School

Moniteau School District

391 Hooker Road, West Sunbury, PA 16061
724-637-2321 FAX: 724-637-3877

Authorization for Prescription Medication

During School Hours

I am requesting my child receive the following prescribed medication during school hours in order to maintain sufficient health to participate in the school program.

Child's name: _____

Homeroom: _____

Name of medication: _____

Purpose of medication: _____

Time to be administered: _____

Dosage with any special instructions: _____

Possible side effects: _____

Procedure to follow if reaction should occur: _____

Termination date for administering the medication: _____

I hereby authorize the medication listed above to be administered to my child by the school nurse or other school employee. I do hereby release, discharge and hold harmless the Moniteau School District, it's agent and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child/ward should there develop an allergic or other reaction from the medication.

Signature of Parent/ Guardian

Date