



Medical providers may FAX form  
to: Perry Elementary School-  
610-562-0469

**HAMBURG AREA SCHOOL DISTRICT**

**Parent/Guardian's Request to Administer Medication in School/Field Trip**

Dear Parent/Guardian,

To request medication administration at school, please note:

- This form must be completed and signed by you and your child's medical provider.
- A new form is needed for all changes in medication, dose, or time.
- The medication should be brought to school by a parent/guardian or responsible adult.
- The medication container must be labeled by the pharmacy with the student's name, prescriber name, name of medication, dosage, route, conditions for storage, prescription date, and expiration date.
- Expired and discontinued medication not picked up by the last day of school will be destroyed.

**Health Care Provider's Instructions for Administering Medication in School**

<b>Name of Student</b>		<b>Birthdate</b>		
<b>Diagnosis</b>				
<b>Medication</b>	<b>Dose</b>	<b>Route</b>	<b>Time</b>	<b>Frequency</b>
				Check if student can self-carry & self-administer medication <b>(Only for inhalers/EpiPens)</b>
<b>Physician/Prescriber Name/ Address (City, State, Zip)</b> (Please Print)		<b>Phone Number</b>		<b>Signature of Physician/Prescriber</b>
		<b>Fax Number</b>		<b>Date</b>

**To Be Completed by Parent/Guardian**

<b>School that Child Attends</b>	<b>Grade</b>	<b>Home Phone</b>	<b>Work/Emergency Phone</b>
<b>Signature of Parent/Guardian</b>		<b>Date</b>	

