

*Commodore Perry School District
3002 Perry Highway
Hadley, PA 16130
724-253-3255*

**Private Physician Request for Administration of Prescription & Non-
Prescription Medication During School Hours for School Year**

It is our procedure to request that medication be given before or after school hours whenever possible. If it is essential that the student receive the medication(s) during school hours, please complete the following information.

Student's Name _____ Grade _____

Name of Medication: _____

Dosage: _____

Route: _____

Time to be administered: _____

Duration of medication administration: _____

Possible side effects or contraindications: _____

Other medications the student is taking outside of school hours:

In the case of inhalers and EPI-PENS, is the student able to self-administer this medication? _____

Date: _____ Physician's Signature _____

Physician's Phone Number: _____

We request that school personnel administer this prescribed medication to our child according to the above directions from our attending physician _____.
As parent/guardian of _____, we hereby release the Commodore Perry School District and all its employees from any and all liability for damages our child may suffer as a result of this request.

Date: _____ Signature of Parent/Guardian _____