METHACTON SCHOOL DISTRICT PHYSICIAN/PARENT MEDICATION FORM

All prescriptive, non-prescriptive, homeopathic medications and asthma inhalers and emergency epinephrine auto injectors require a written physician permission and written parent permission to be on file. The medication must be in the original container.

All permissions must be renewed each school year.

PHYSICIAN PERMISSION		
		Grade/HR
Medication	Dosage	Time
Reason/Diagnosis for Medicat	on	
() The student is qualified to posse injector.	and able to self-administer the asthma	
	rse for administration of the asthma in	
	Te	elephone
() see attached note ************************************	***********	*********
PARENT/GUARDIAN PER	MISSION	
		Grade/HR
Medication	Dosage	Time
Reason for MedicationSide Effects/Reactions		
physician approval. Students are to a Sharing of inhalers with other studenthe privilege of possession and self-responsibility for the benefits and confor ensuring that the medication is to Parent/Guardian signature () see attached note		ohrine auto injector is used. In of the inhaler and the loss of District is relieved of any on and bears no responsibility
Please return to the school that is checked:		
232 Level Road 125 St Collegeville, Pa. 19426 Eaglet Kelly Benarick R.N. Kelly	le Elementary [] Woodland Elementary 2700 Woodland Ave. Eagleville, Pa. 19403 exander R.N. mthomas@methacton.org	3017 Skippack Pike Lansdale, Pa. 19446 Jodi Lattanze R.N.
4001B Eagleville Road Eagleville, Pa. 19403 Valerie Lozinak R.N. Joni Co Rhiannon Serpico, RN vlozinak@methacton.org jcosgri	termediate [] Methacton High School Cagleville Road 1005 Kriebel Mill Roble, Pa. 19403 Eagleville, Pa. 19403 Kathleen Thompson Kimberley McDonald kthomopson@methacton.org	ad Laurie Brown, RN 3-2011 lbrown@methacton.org R.N I, RN ton.org