



School Health Services
Harrisburg School District



AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

This form must be completed whenever any medication must be given to a student during school hours in order that a continuous medication regime is maintained. Medication must be packaged in the original pharmacy container. Medication should not be prescribed during school hours unless deemed necessary by a physician.

Name of Student Birthdate School

Physician to Complete

Medication and Dosage:

Time to be given:

Duration (days, weeks):

Diagnosis:

Special Conditions to observe:

Date

Signature of Physician

Phone Number

Parent to Complete

I authorize the Harrisburg School District to administer medication as prescribed by an authorized individual. I do hereby release, discharge and hold harmless the Harrisburg School District, its agents and employees, from any and all liability and claim whatsoever for the administration of medication to my child should he or she develop any unexpected or allergic reaction from the medication.

Date

Signature of Parent or Guardian

Phone Number