

Elementary School fax  
724-962-1003

210. ATTACHMENT 1

SHARPSVILLE AREA SCHOOL DISTRICT  
PHYSICIAN REQUEST FOR THE DISPENSATION OF MEDICATION  
DURING SCHOOL HOURS

Middle School fax  
724-962-7891  
High School fax  
724-962-7730

While I acknowledge the district's procedure to request that medication be given to students before or after school hours, it is essential that \_\_\_\_\_ (Student)

receive medication in accordance with the following: \_\_\_\_\_

Name of Medication(s) and Purpose \_\_\_\_\_

Dosage \_\_\_\_\_

How to be dispensed \_\_\_\_\_

Time of Dispensation \_\_\_\_\_

Medication requires refrigeration: Yes \_\_\_\_\_ No \_\_\_\_\_

Possible side effects or contraindications \_\_\_\_\_

Curtailment of specific school activity \_\_\_\_\_

Is the student capable of self administration: Yes \_\_\_\_\_ No \_\_\_\_\_

Other Prescribed medications that the student is taking outside of school hours \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_