

**St. Jerome Regional School**  
Amy Hannis-Miskar, Principal  
50 Meadow Avenue, Tamaqua, PA 18252  
570-668-2757 Fax: 570-668-6101

**Private Physician/Dentist request for Administration of Medication during School.**

Doctor/Dentist: \_\_\_\_\_  
Name of Doctor/Dentist

Parent/Guardian: \_\_\_\_\_  
Name of Parent/Guardian

has requested that school personnel administer medication(s) to \_\_\_\_\_  
Name of Student  
during the school day.

It is our procedure to request that medication be given before or after the school hours whenever possible.

If it is essential that the student receive the medication during school hours, please complete the following information:

Diagnosis: \_\_\_\_\_

Name of medication(s): \_\_\_\_\_

Time schedule for administration: \_\_\_\_\_

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

Dosage: \_\_\_\_\_

Duration of medication: \_\_\_\_\_

Restriction of school activity: \_\_\_\_\_

Other medication prescribed by a physician that a student is taking outside school hours:  
\_\_\_\_\_

Under supervision is the student capable of self-administration? Yes \_\_\_\_\_ No \_\_\_\_\_

This completed form must be returned to the school office before any medications can be administered. Thank you for your cooperation.

\_\_\_\_\_  
Signature of Physician/Dentist Date

\_\_\_\_\_  
Signature of Parent/Guardian Date

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