Request for Self-Administration of Medication
or
Administration of Medication During School Hours

The Waldorf School of Pittsburgh requests that prescription medication be given at home during non-school hours. However, it recognizes that sometimes it is essential for medication to be administered at school. ***All medication must be in a pharmacy-labeled container.*** The label must include the name and phone number of the pharmacy, the student's name, the physician's name, the medication, the currently prescribed dose, time of administration and the Rx numbers.

*** TO BE COMPLETED BY PARENT ***

_____ _____ _____
Student's Name **Grade** **Age**

_____ _____
Physician's Name and Address **Phone**

I understand fully the directions that have been given to the school by the physician and agree to permit the school to administer the medication to my child or monitor the self-administration of medication by my child. In consideration of the school's agreement to use good faith efforts to properly administer this medication or to monitor the self-administration of medication, the school is hereby relieved from liability for any failure to properly administer or self-monitor the same. I also authorize the school to contact said physician regarding this medication.

_____ _____ _____ _____
Date **Parent's signature** **Home tele.** **Work tele.**

*** TO BE COMPLETED BY PHYSICIAN ***

Name of medicine _____

Diagnosis _____

Dose and Route _____

Time to be given _____

If P.R.N. indications _____

How soon it can be repeated_____

List side effects_____

Length of time treatment is recommended _____

Other information _____

Physician's Signature _____ **Date** _____