



Butler County Area Vocational-Technical School

210 Campus Lane • Butler, Pennsylvania 16001 • Phone (724) 282-0735

Fax (724) 431-0502

Authorization for Medication During School Hours

_____, _____, _____
Student Full Name (Print)

Grade

Program & Session

may receive the following medications during school hours in order to maintain sufficient health to participate in the school program:

Name of Medication: _____

Prescribed Dosage: _____

Time medication is to be taken: _____

Purpose of Medication: _____

Date Prescription Begins: _____

Ends: _____

Special instructions, if any: _____

Possible side effects: _____

Procedure to be followed if reaction should occur: _____

Please choose one option concerning medication that is remaining at the end of the school year:

- 1. I, the parent or my designee, will pick up the medication at the Nurse's Office before the end of the last day of school.
- 2. You may discard the medication. The nurse will discard any medication left after the end of the last day of school.

I, the Parent/Guardian, do hereby release, discharge, and hold harmless the Butler County Area Vocational-Technical School, its agents and employees, from any and all liability, and claim whatsoever for the administration of the above medication to my child/ward should there develop an allergic or other reaction from the medication.

I give permission for the fax transmittal of this form between Supplemental School Nurse and Physician Office.

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

Both Parental and Physician Authorizations must be received before medication can be administered.

Physician's Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____