

Hermitage School District
Health Services
Consent For Prescription Medications

Kennedy Catholic High/Middle School
2120 Shenango Valley Freeway
Hermitage, PA 16148
724-346-5531

St John Paul Elementary School
2335 Highland Rd
Hermitage, PA 16148
724-342-2205

Dear parent or Guardian:

It is a procedure of the Hermitage School District to administer prescription medications during school hours **ONLY** when absolutely necessary. ***ALL medication must be brought in by parent or guardian.***

To protect your child and other students these two forms must be completed and returned to the schools nurse if your child must receive prescribed medication during the school day.

Non-prescription drugs will not be administered by school personnel.

The **PARENT/ Guardian** must bring medication to school in the original container with the prescription labeled by a pharmacist or a physician. Please do not bring unlabeled bottles to school. Inhalers must have the students name on the container.

Any change in type or dosage of medication must be reported to the school, **IN WRITING**, immediately.

We request that the school nurse or other designated person administer this prescribed medication to _____ during school hours, according to the directions from our physician.

As parent/guardian of _____ we hereby release the Hermitage School District and its employees from any and all liability for damages that child may suffer as a result of this request.

Signature of parent/guardian

Date

Return form to School Nurse