



# PALMERTON AREA SCHOOL DISTRICT

High School: 610-826-3155  
Fax: 610-826-2492  
SS Palmer: 610-826-7538  
Fax: 610-826-7528  
Parkside: 610-826-4914  
Fax: 610-826-4934  
Towamensing: 610-681-4024  
Fax: 610-681-6410

## SCHOOL HEALTH SERVICES AUTHORIZATION FOR MEDICATION

My child, \_\_\_\_\_, may receive the following medication during school hours. Check one or both.

### Prescribed

1. Medication Name \_\_\_\_\_
2. Reason for Medication \_\_\_\_\_
3. Prescribed Dosage \_\_\_\_\_
4. Time Schedule \_\_\_\_\_
5. Side Effects \_\_\_\_\_
6. Physician Signature \_\_\_\_\_

**\*only required for prescribed medication**

### Over the Counter Medicine (Tylenol, Ibuprofen, Benadryl, Cold and cough medicine, etc.)

1. Medication Name \_\_\_\_\_
2. Dosage \_\_\_\_\_
3. Time Schedule \_\_\_\_\_

\*All medications coming from home must be in original containers.

\*I do hereby release, discharge and hold harmless, the Palmerton School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child, nor shall said school district be held accountable to the development of any reaction from the administration of such medication.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date