

**PENNSAUKEN PUBLIC SCHOOLS  
SPECIAL SERVICES DEPARTMENT**

**REQUEST FOR DISPENSING MEDICATION DURING SCHOOL HOURS**

The following information must be completed if medication (prescription or non-prescription) is to be administered by the school nurse during school hours.

**To be completed by student over age 18**

I, \_\_\_\_\_, acknowledge that my date of birth is \_\_\_\_\_.  
Being of legal age, I give permission for the school nurse to administer this medication during school hours as directed on this form by my physician/nurse practitioner.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grade

**To be completed by the Physician or Nurse Practitioner**

Name of medication \_\_\_\_\_

Diagnosis for which medication is necessary \_\_\_\_\_

Dosage \_\_\_\_\_ Route \_\_\_\_\_ Times to be administered \_\_\_\_\_

If medication is prn, list under what conditions it should be given and how often it may be repeated \_\_\_\_\_

List any restrictions or special instructions associated with administration of the medication: \_\_\_\_\_

Length of time student will require medication \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician/Nurse Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Physician/Nurse Practitioner

\_\_\_\_\_  
Office Phone Number

**The medication must be current, labeled according to pharmacy standards, and in the original container (prescription and non-prescription). The medication must be brought to school by the parent or guardian if student is under age 18.**

**NOTE: A separate physician order form is required for each medication that is administered during school hours.**