

**SHALER AREA SCHOOL DISTRICT
NURSING DEPARTMENT**

High School

Leslie Scheuer, RN, CSN
492-1200 X 1510
492-1267 (FAX)

Middle School

Christina Erdlen, RN, CSN
492-1200 X 2510
492-1237 (FAX)

Elementary School

Kim Armstrong, RN, CSN
492-1200 X 3510
492-1317 (FAX)

Burchfield/ Scott

Audrey Gaskill, RN, CSN
492-1200 X 4510
486-7631 (FAX)

Marzolf/Reserve

Lori Matz, RN, CSN
492-1200 X 6510 (M)7510 (R)
486-8702 (FAX-Marzolf)
321-4507 (FAX-Reserve)

Montessori/ /Adelphoi Village

Lori Matz RN, CSN
492-1200 X 6510

MEDICATION PROCEDURE FORM

It is required by the Shaler Area School District that the attending physician fills out the following form for all medications to be given during school hours.

Date: _____

Grade: _____

(Student's Name)

(Medication and Dosage)

_____ (Date: _____ to _____ Date)

(Time Given)

(Condition for which medication is requested)

(Possible side effects)

(Physician's Signature)

(Phone Number)

(Please Print Physician's Name)

(Address)

PHYSICIAN: Please check blocks that apply for inhalers, Epi-pens and other life-saving medications:

- Student is an elementary student and may carry and self-administer medication while on a field trip.
- Student is a secondary student and may carry and self-administer medication on a daily basis.
- Student is a secondary student and may carry and self-administer medication while on a field trip.

PARENTAL PERMISSION, HOLD HARMLESS AND INDEMNIFICATION

We hereby agree that the medication be administered to our child as stated herein and agree with the intent to be legally bound hereby, to hold the Shaler Area School District and any of it's employees or agents harmless from any liability and to so indemnify same for any liability incurred which may result from administration or supervision of the medication to _____ by employees or agents of the Shaler Area School District.

(Father or Guardian)

(Mother or Guardian)

(Date)

SASD Medication Policy requires a parent or guardian to bring the medication to school in the original container or prescription bottle. Return this form to your student's School Nurse. No medications are permitted to be transported on the School Bus. A second labeled prescription bottle can be obtained from your pharmacist.