

**SHALER AREA SCHOOL DISTRICT  
NURSING DEPARTMENT**

**High School**

Darcy Lutz, RN, CSN  
492-1200 X 1510  
492-1267 (FAX)

**Middle School**

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

**Elementary School**

Jessica Wilson RN, CSN  
492-1200 X 3510  
492-1317 (FAX)

**Burchfield/ Scott**

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

**Marzolf/Reserve**

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

**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.**