

**Hermitage School District
Health Services
Physician's Order for Prescription Medication**

Artman Nurse's Office
343 N. Hermitage Road
Hermitage, PA 16148
724-981-8750 ext. 5050
724-981-5080 – Fax

Delahunty/Ionta Nurse's office
419 N. Hermitage Road
Hermitage, PA 16148
724-981-8750 ext. 3050
724-347-4514 – Fax

High School Nurse's Office
640 N. Hermitage Road
Hermitage, PA 16148
724-981-8750 ext. 1050
724-347-4558 - Fax

Dear Doctor,

The parent/guardian of _____ has requested we administer medication to their child during the school day. If it is essential the student receive the medication during school hours, please complete the following information.

FOR THE DOCTOR TO COMPLETE

Student Name _____ Grade _____

Condition for which Drug is Needed _____

Name of Medication _____ Dosage _____

How is it to be Administered (circle) Oral Inhaled Topical Injection Other _____

Time of Administration _____

Duration of Medication Administration _____

Possible Side Effects or Contraindications _____

Activity Restrictions (list) _____

Other Medications Prescribed by this Physician _____

Is the student capable of self-administration? YES _____ NO _____

Physician's Signature _____ Date _____

PRINT Physician's Name _____

Physician's Telephone Number _____

Parent/Guardian Signature _____ Date _____