

Addendum #7
Office of Catholic Schools

508.1 Physician Request Form

DIOCESE OF SCRANTON CATHOLIC SCHOOLS
PRIVATE PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION
DURING SCHOOLS HOURS

Dear Doctor:

The parent/guardian of _____ has requested that we administer medication(s), namely _____ to the student during the school day.

It is our procedure to request that medication be given before or after school hours whenever possible.

**If it is essential that the student receive the medication(s) during school hours,
please complete the following information.**

Name of Medication(s)	
Dosage	How to be Administered (Oral or Injection)
Time Schedule for Administered	
Duration of Administered	
Possible Side Effects or Contraindications	
Curtailment of Specific School Activity (Sports, Lab, Driver's Training, etc.)	
Other Medications Prescribed by Physician That Student is Taking Outside of School Hours	
Is Student Capable of Self Administration?	Yes No
Physician's Signature	Date
Physician's Telephone No.	

Thank You for your cooperation.

School Nurse

(The above should also include over-the-counter medication.)



Holy Redeemer High School
159 S. Pennsylvania Blvd.
Wilkes-Barre, PA 18701

**Addendum #8
Office of Catholic Schools
508.2 PARENT REQUEST FORM**

**DIOCESAN CATHOLIC SCHOOLS
DIVISION OF PUPIL PERSONNEL SERVICES
DEPARTMENT OF SCHOOL HEALTH SERVICES**

To: _____, Building Principal

We request that school personnel administer this prescribed medication to _____, student, according to the attached directions from our attending physician.

In consideration of the administration of medication, we, parent or guardian of _____, student, hereby release and save harmless the Diocese of Scranton Office of Catholic Schools and all its employees from any and all liability for damages our child may suffer as a result of this request.

Any change in type of dosage of medication must be reported to the school immediately.

Date

Signature of Parent/Guardian



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