



MANCHESTER ACADEMIC CHARTER SCHOOL

1214 Liverpool Street, Pittsburgh, PA 15233

412.322.0585 (Elementary) | 412.325.5070 (Middle School)

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Request For Administration of Medication During School Hours

The School District of Pittsburgh requests that medication be given at home during school hours. However, we recognize that sometimes it is essential for medication to be administered at school. All medication must be in a pharmacy labeled container. The label must include the name and phone number of the pharmacy. The pupil's name, the physician's name, the medication, the currently prescribed dose, time of administration, and the RX numbers.

* * *TO BE COMPLETED BY PARENT* * *

STUDENT NAME

GRADE

AGE

PHYSICIAN'S NAME & ADDRESS

TELEPHONE

I understand fully the directions that have been given to the school by the physician and agree to permit the school to administer the medication to my child or monitor the self-administration of medication by my child. In consideration of the school district's agreement to use good faith efforts to properly administer this medication or to monitor the self-administration of medication. MACS is hereby relieved from liability for any failure to properly administer or self-monitor the same. I also authorize the school to contact said physician regarding this medication.

____/____/____
DATE

PARENTS SIGNATURE

TELEPHONE

* * *TO BE COMPLETED BY PHYSICIAN* * *

NAME OF MEDICINE _____

DIAGNOSIS _____

DOSE& ROUTE _____

TIME TO BE GIVEN _____

P.R.N. INDICATIONS _____

HOW SOON CAN IT BE REPEATED _____

LIST SIDE EFFECTS _____

LENGTH OF TIME TREATMENT IS RECOMMENDED _____

OTHER INFORMATION _____

PHYSICIAN'S SIGNATURE _____ DATE ____/____/____