



Huntingdon Area School District



Physician request for administration of Medical during school hours

The parent/guardian of _____ has requested that the school administer the below medication to the student during the school day.

Name of Medication _____

Dosage _____

Reason for Medication _____

Time of Administration _____

Possible side effects/contraindications to be aware of _____

Other Medications the prescriber has ordered for outside of school

Signature of Physician

Date

If the above Medication is an Inhaler or EpiPen, Is the Student permitted to carry with them during the school day _____ yes _____ no,reason_____