

Emergency Medication Administration Form

Request from parents and physicians to have emergency medication administered at school

Student's Last Name	First Name	Grade/Homeroom
---------------------	------------	----------------

Diagnosis

Name of Medication	Date Prescribed
--------------------	-----------------

Dosage

When Administered

Directions for Administering

Comments

Parent/Guardian Signature	Phone Number	Date
---------------------------	--------------	------

Physician Signature	Address	Phone Number	Date
---------------------	---------	--------------	------

Please complete one form per child, if necessary, and return to Candace Flowers, school nurse.

If you have any questions, please contact Candace at 610-664-9847, ext. 112, or cbflowers@waldronmercy.org.