



MANHEIM TOWNSHIP SCHOOL DISTRICT

Health Services Medication Form

Student's Name _____ Grade _____

If your medical provider decides it is necessary for your child to receive medication during the school day, his/her approval and specific directions must be provided to the school.

- To protect your child and other students, the student may not keep medication with them unless they have permission to self-carry emergency medications.
- All medication, both prescription and over the counter, must be brought to the school by the parent/guardian or by another designated adult.
- The medication must be in a container appropriately labeled by a pharmacist or licensed medical provider.
- The parent/guardian must come to school to pick up any medication that is being returned.
- Both parent and medical provider signatures are required to permit the nurse to administer the medication.

Medical Provider's Request for Medication to be Administered at School

Medication: _____
(Dose, Route, Time/Frequency of Administration)

Duration: _____

Condition for which medication is being administered _____

If PRN, frequency and for what symptoms _____

Special Instructions _____

In the event that there is a 2 hour delay in the start of the school day due to inclement weather or other cause, the parent/guardian has chosen to:

_____ Give the medication at home before school

_____ Have the medication given by the school nurse two hours late that day

Please initial here to authorize if you agree to this parent/guardian choice _____

I authorize the administration of this medication to the student named above.

Prescriber's Signature: _____ Date: _____

Parent signature _____ Date _____

Updated 2/11/26