



# Radnor Township School District

135 S. Wayne Avenue  
Wayne, PA 19087-4117  
610.688.8100  
www.rtsd.org

*Invest in Excellence*

## Administration of Medication in School

Administration of prescription medication in school requires a written order form from a physician and a parent signature. Please have the medication form below completed and return it to the health office. Written permission from your physician can be faxed directly to the health office. If you have any questions about this policy, please contact the school nurse.

Thank you for your cooperation.

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### RADNOR TOWNSHIP SCHOOL DISTRICT

#### **Request from parents to have medication administered in school**

Date: \_\_\_\_\_

Name of student: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time: \_\_\_\_\_

Directions for administration: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Phone

**RETURN TO SCHOOL HEALTH ROOM**