



Carbon Lehigh Intermediate Unit #21

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AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

The following student must receive the prescribed medication listed below during school hours in order to maintain sufficient health to participate in the school program:

NAME OF STUDENT _____

NAME OF MEDICATION _____

PRESCRIBED DOSAGE _____

TIME SCHEDULE _____

LENGTH OF TIME _____ DAYS _____ MONTHS _____ INDEFINITELY

DIAGNOSIS _____

REASON FOR ADMINISTRATION _____

POSSIBLE SIDE EFFECTS _____

Any medication given in school must be accompanied by the medication form and/or notes from both the student's parent/guardian and physician. All medications must be sent to school in a labeled, childproof container. Please indicate number of pills or amount of liquid sent to school to insure your child's safety.

I do hereby release, discharge and hold harmless the Carbon Lehigh Intermediate Unit, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication.

I have read and agree to the above medication policy:

Signature of Physician

Date

Signature of Parent/Guardian

Date

Building

Original: Teacher's Classroom Student File

Copy: CLIU Transportation Office

Authorization for Medication

Helping Children Learn

"CLIU is a service agency committed to Helping Children Learn."

MEDICATION

Any medication given in school must be accompanied by a note from both the student's parent/guardian and physician. The Authorization of Medication During School Hours form should be completed. All medication must be sent to school in a labeled container.

The teacher should put the original authorization form in the teacher's classroom student file. Additionally, the teacher should immediately send a copy of the authorization form to the CLIU Transportation Office, regardless of how the student is transported.