Ridley School District

HEALTH SERVICES DEPARTMENT 901 MORTON AVENUE FOLSOM, PA 19033 (610) 534-1900 EXT. 1255

The Health Services staff is willing to cooperate with physicians and parents/guardians if your child must take medication during the school hours. To prevent a possible error in giving medication and to protect your child, please note the following guidelines.

- This permission and information form must be completed whenever any medication (prescription and over-the counter) is to be administered during the school time. *Please note a physician must sign this form*
- The form must be completed and returned to the school nurse. (Duplicate forms are available in the nurse's office and on the school website www.ridleysd.org under For Parents>Support Services>Health & Medical Services>Forms
- Please send medication in the original pharmacy container identifying the child's name, the medication, the dosage and the prescribing physician.

The Health Services Department does have standing orders for dispensing:

- Antacid
- Acetaminophen (Tylenol)
- Ibuprofen (Advil) at school (Middle and High School Only)

If you have any questions, please feel free to contact the school nurse.

REQUEST TO ADM	INISTER MEDICATION	N DURING SCH	HOOL H	HOURS
Child's Name:	_	Γ	Date of I	
School:	Grade:			MM/DD/YY
Name of Medication:				
Reason for Medication:				
Dosage Frequency:		_ Time to Adm	inister:	
Effective Dates From:	To:	;		
Special Instructions/Conditions to observe: _				
It is my understanding that the employees of Ridle as contained in this document. Printed Physician Name: Signature of Physician: Address:		ith the dispensing	Date:	MM/DD/YY
11001033.	Oity	otate		Zip code
	Parent's Authoriza	tion		
Printed Name of Parent/Guardian:			Date:	MM/DD/YY
Signature of Parent/Guardian: THIS AREA TO BE USED BY S				
THIS MALE TO BE COLD BY			, iviivii Li v	TO THE THOTES
Revised 4/2022				

