



Southern Fulton School District

3072 Great Cove Road
Warfordsburg, PA 17267
Elementary School Phone (717) 294-3400
Elementary Fax (717) 294-6428
High School Phone (717)294-3251
High School Fax (717)294-6248

TARA WILL
Superintendent

KATHY CUTCHALL
Elementary Principal

MEREDITH HENDERSHOT
High School Principal

PHYSICIAN'S MEDICATION ORDER FORM

Name of Student: _____ Date of Birth: _____

Name of Parent/Guardian : _____ Phone #: _____

***I hereby request that Southern Fulton School personnel administer medication to my child as directed below by the physician. I agree to relieve the school and its employees or representatives of any responsibility resulting from the administration of the medication.

Parent/Guardian Signature

Date

Name of Medication: _____

Dosage: _____

Time to be given: _____

This medication is to be administered only until _____

Route of Administration: _____

Possible side effects: _____

Diagnosis: _____

If this medication is an Epipen or Inhaler, may student carry it with them? _____

Physician's Signature

Date

Physician's Printed Name

Physician's License Number

Physician's Address

Physician's Phone Number