CARBON CAREER & TECHNICAL INSTITUTE

150 WEST 13TH STREET · JIM THORPE, PA 18229
www.carboncti.org
PHONE: (570) 325-3682 · FAX (570) 325-3737

AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

My child: _____ DOB: _____, may receive the following medication during school hours.

1. Medication Name: _____
2. Reason for Medication: _____
3. Route: _____
4. Prescribed Dose: _____
5. Time of Administration: _____
6. Side Effects of Medication: _____
7. Start and End Date: _____
8. Allergies: _____
9. Other Medications Student is Taking: _____

_____

10. Physician's Signature: _____
11. Physician's Printed Name: _____
12. Physician's Phone Number: _____

All medications must be brought to the school by a parent or guardian and must be in the original prescription bottle or container. I do hereby release, discharge and hold harmless the Carbon Career and Technical Institute, its agents and its employees from all liability and claim whatsoever for the administration of the prescribed medication to the child named above and pursuant to these directions.

This authorization must be renewed each school year.

Date: _____ Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____