GINNY L HUNT, Ed.D. Superintendent DEBRA A. MAURIZIO, M.Ed. Director of Curriculum and Federal Programs HAMSINI RAJGOPAL, M.B.A Business Administrator	501 Wa Clairte (412) 233	School Distric Health Services addell Avenue on, PA 15025 3-9200 ext. 1124 12) 233-4590	Pro Williar Lawrence Gloria Ja Co-Vic Barbara Glori Kathy Roger Ta Jennife	BOARD OF DIRECTORS Richard P. Livingston, B.S.Ed. President William Bradford Lawrence Carra, M.Ed. Gloria James, M.S.W., Co-Vice-President Barbara Roberts, B.A. Gloria Ruffing Kathy Santoline Roger Tachoir, M.Ed. Jennifer Williams, Co-Vice-President	
	Permission to Adminis	ter Single Medicat	ion		
Student Name:		DOB:	Grade/HR:		
	To Be Completed By I	Health Care Provid	er		
Diagnosis					
Medication	Dose	Route	Time(s)		
one hour before and no	be given as close to the prescri to later than one hour after the rn regarding administration of	prescribed time. Ple	, , ,		
If the morning dose is n parent to send in additi		•	r morning dose of rom parent. Please advise		
Name and Title of Licen	used Prescriber (Print)				
	· · · · · · · · · · · · · · · · · · ·				
	To Be Completed By	Parent			
provider. I will furnish t	e above medication to be adm the medication in the original or original over-the-counter n	pharmacy container	, properly labelled with	re	

	Parent/Guardian Signature	Date
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name on it.

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