

Turkeyfoot Valley Area School District

1.814.395.3621

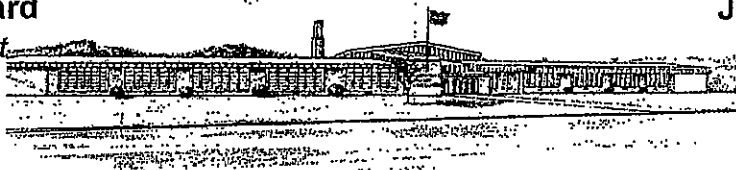
172 Turkeyfoot Road, Confluence, PA 15424

FAX 1.814.395.3366

Darlene M. Sherrard
Acting Superintendent

Jeffrey S. Malaspino
Dean of Students

Jill Regan
Business Manager



ADMINISTERING MEDICATION TO STUDENTS PARENT'S REQUEST

I/We hereby request that the Turkeyfoot Valley Area School District, through the appropriate personnel, administer over the counter medications to our child, as described below. I/We further hereby release and hold harmless, the Turkeyfoot Valley Area School District and its employees, from any liability for injury or damages as a result of such administration of medication.

To: _____
Principal or School Nurse

We request that school personnel administer this medication to _____ according to the following directions.

Student's Name

- 1). Name of medication: _____
- 2). Purpose of medication: _____
- 3). Time to be administered: _____
- 4). Dosage: _____
- 5). Termination date of medication: _____

Date

Signature of Parent/Guardian

