METHACTON SCHOOL DISTRICT PHYSICIAN/PARENT MEDICATION FORM

PHYSICIAN PERMISSION	
Student	Grade/HR
Medication	DosageTime
Side effects/Reactions	ble to self-administer the asthma inhaler/epinephrine auto administration of the asthma inhaler/epinephrine auto injector. Telephone *******************************
Student	
Medication	DosageTime
Reason for MedicationSide Effects/Reactions	
physician approval. Students are to notify t Sharing of inhalers with other students will the privilege of possession and self-admini	nister the asthma inhaler/epinephrine auto injector with the nurse when the inhaler/epinephrine auto injector is used. It is immediate confiscation of the inhaler and the loss of tration. The Methacton School District is relieved of any nices of the prescribed medication and bears no responsibility
Please return to the school that is checked: [] Arrowhead Elementary [] Audubon Elem 232 Level Road 2765 Egypt Ro Collegeville, Pa. 1926 Audubon, Pa. FAX 610-489-8105 FAX 610-489-8105 Kelly Benarick R.N. Kim McDonal	nd 125 Summit Road 2700 Woodland Ave. 9403 Eagleville, Pa. 19403 Eagleville, Pa. 19403 5006 FAX 610-489-8103 FAX 610-489-8102
[] Worcester Elementary 3017 Skippack Pike Lansdale, Pa. 19446 FAX 610-489-8104 Jodi Lattanze R.N. [] Skyview Uppe 4001B Eaglev Eagleville, Pa FAX 610-489 Valerie Lozin: Kristin Keave	Ile Rd. 4001A Eagleville Road 1005 Kriebel Mill Road 19403 Eagleville, Pa. 19403 Eagleville, Pa. 19403-2011 5047 FAX 610-489-5015 FAX 610-489-5005 k R.N. Joni Cosgriff R.N. Cheryl Peiffer R.N.