



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 _____