

SHALER AREA SCHOOL DISTRICT NURSING DEPARTMENT

High School

Darcy Lutz, RN, CSN
412-492-1200 X 1510
412-492-1267 (FAX)

Middle School

Nicole Monahan, RN, CSN
412-492-1200 X 2510
412-492-1237 (FAX)

Elementary School

Jessica Wilson, RN, CSN
412-492-1200 X 3510
412-492-1317 (FAX)

Burchfield/ Scott

Katie Grossman, RN, CSN
412-492-1200 X 4510 (B) 8510(S)
412-486-7631 (FAX B)
412-487-0293 (FAX S)

Marzolf/Reserve

Hannah Brown, RN, CSN
412- 492-1200 X 6510 (M)7510 (R)
412-486-8702 (FAX-M)
412-321-4507 (FAX-R)

Montessori

Hannah Brown, RN, CSN
412-492-1200 X 6510

MEDICATION PROCEDURE FORM

It is required by the Shaler Area School District that the attending physician fills out the following form for all medications to be given during school hours.

Date: _____
Grade: _____

(Student's Name) _____

(Medication and Dosage) _____

(Time Given) _____ (Date: _____ to _____ Date)

(Condition for which medication is requested) _____

(Possible side effects) _____

(Physician's Signature) _____

(Phone Number) _____

(Please Print Physician's Name) _____

(Address) _____

PHYSICIAN: Please check blocks that apply for inhalers, Epi-pens and other life-saving medications:

Student is an elementary student and may carry and self-administer medication while on a field trip.
 Student is a secondary student and may carry and self-administer medication on a daily basis.
 Student is a secondary student and may carry and self-administer medication while on a field trip.

PARENTAL PERMISSION, HOLD HARMLESS AND INDEMNIFICATION

We hereby agree that the medication be administered to our child as stated herein and agree with the intent to be legally bound hereby, to hold the Shaler Area School District and any of its employees or agents harmless from any liability and to so indemnify same for any liability incurred which may result from administration or supervision of the medication to _____ by employees or agents of the Shaler Area School District.

(Father or Guardian) _____

(Mother or Guardian) _____

(Date) _____

SASD Medication Policy requires a parent or guardian to bring the medication to school in the original container or prescription bottle. Return this form to your student's School Nurse. No medications are permitted to be transported on the School Bus. A second labeled prescription bottle can be obtained from your pharmacist.