



Oswayo Valley School District

Nicole Matthews, CSN, BSN, RN
School Nurse

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Shinglehouse, Pennsylvania 16748
Elementary School 814-260-1702 / Fax 814-697-7799
Middle School/High School 814-260-1701 / FAX 814-697-6375

Prescription Medication Administration Form

All medication should be in the **original** pharmaceutical container and be plainly marked with the student's name, name of the medication, dosage and the time to be administered.

Name of the student: _____

Medication: _____

Reason for the medication: _____

Dosage/time of administration: _____

Possible side effects/contraindications: _____

Signature of prescribing physician: _____ Date: _____

Parent Signature: _____ Date: _____