



# Oswayo Valley School District Health Office



PO Box 610, Shinglehouse, PA 16748  
ES Telephone: 814-260-1702 MS/HS Telephone: 814-260-1701  
Fax: 814-260-1705

Betty Wallace, BSN, CSN, RN

Nicole Matthews, BSN, CSN, RN

---

## 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: \_\_\_\_\_