



ADMINISTRATION OFFICE
201 NORTH FOURTEENTH STREET
CATASAUQUA, PENNSYLVANIA 18032
TELEPHONE: (610) 264-5571

ROBERT J. SPENGLER
SUPERINTENDENT

CHRISTINA LUTZ-DOEMLING
DIRECTOR OF CURRICULUM & ASSESSMENT

FAX – Sheckler Elementary School (Grades K – 4) (610) 403-1120
FAX – Catasauqua Middle School (Grades 5 – 8) (610) 264-5458
FAX – Catasauqua High School (Grades 9 – 12) (610) 697-0116

SCHOOL HEALTH SERVICE
AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

Student _____ Birthdate: _____ must receive the following prescribed medication during school hours in order to maintain sufficient health to participate in the school program, therefore we are submitting the following information:

Medication _____

Prescribed Dosage _____

Times to be Administered _____

Name of Physician (printed) _____

Reason for Medication _____

Physician's Signature _____

Physician's Phone # _____ Date _____

I give permission for my child to carry and self-administer above listed inhaler, Epi-pen, or insulin pump, pursuant to approval by the primary care provider. Signature _____

I do hereby release, discharge, and hold harmless the Catasauqua Area School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child, pursuant to these directions.

"I agree to deliver the medication to the school in a labeled prescription bottle. The label shall contain the name of the medication, the prescribed dosage, the physician's name and the pharmacy. I further agree to deliver a new supply of the medication to the school as needed. I authorize the Catasauqua Area School District to exchange health-related information with the above-named physician. I understand that a new medication authorization form must be completed by the parent and physician if the dosage is changed at any time."

Signature of Parent or Guardian _____ Date _____

Student's Grade and School Attending _____

The mission of the Catasauqua Area School District, in partnership with our community, is to achieve educational excellence and promote life-long learning.

It is the policy of the Catasauqua Area School District that no person shall be subjected to unlawful discrimination on the ground of race, color, age, creed, religion, sex/gender, sexual orientation, ancestry, national origin, handicap/disability, familial status, genetic information, or any other legally protected classification with respect to any of its programs or activities or in the employment of any personnel. Sexual harassment or harassment relating to an individual's race, color, age, creed, religion, sex/gender, sexual orientation, ancestry, national origin, handicap/disability, familial status, genetic information, or any other legally protected classification is a form of unlawful discrimination and is expressly prohibited under the School District's policy. The School Board has adopted procedures for filing complaints of unlawful discrimination/harassment with the School District and the School District's investigation and disposition of those complaints. If you would like to obtain a copy of the complete nondiscrimination policy, including the complaint procedures, please contact the Superintendent, 201 N. 14th Street, Catasauqua, PA 18032, phone 610-264-5571. The Superintendent is the District's Compliance Officer for all nondiscrimination requirements (503/504-Title VI-Title VII-Title IX-ADA Coordinator). The nondiscrimination policy and complaint procedures are also available on the District's web site: www.cattysd.org