



Norwood-Fontbonne Academy

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Established by the
Sisters of St. Joseph in 1920

Date: _____

To the parents/guardians of _____:

Enclosed you will find a **Request for Administration of Medication or Use of Oxygen or Other Equipment in School** form which must be completed if your child requires the administration of medication during the 2010-2011 school year. This includes medication which will be self-administered (such as inhalers), prescription and non-prescription medications, and any medical device or equipment that will be utilized by the school nurse or designated staff.

The forms must be signed by the parent/guardian, and if it is a prescription drug, it must be signed by the physician.

Please return the **completed form** to school as soon as possible. Thank you for your assistance.

Sincerely,

Linda Muller, RN
NFA School Nurse

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