



# NORWOOD-FONTBONNE ACADEMY

*A National Blue Ribbon School of Excellence*

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8891 Germantown Avenue, Philadelphia, PA 19118 • Phone: (215) 247-3811

[www.norfon.org](http://www.norfon.org)

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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 2016-2017 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*

Linda Muller, RN, BSN  
Certified School Nurse

LMuller@norfon.org  
(215) 242-1611 ext. 230