

**PARENT AND PRESCRIBER'S AUTHORIZATION FOR  
ADMINISTRATION OF MEDICATION IN SCHOOL**

*Authorization for Administration of Medication*

**A. To be completed by the parent or guardian:**

I request that my child \_\_\_\_\_ grade \_\_\_\_\_ receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse or other designated person in the case of the absence of the school nurse, will assist the child.

Signature (Parent or Guardian): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Date: \_\_\_\_\_

**B. To be completed by the licensed health care prescriber:**

I request that my patient, as listed below, receive the following medication:

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescribed Dosage, Frequency and Route of Administration:

\_\_\_\_\_

Time to be Taken During School Hours: \_\_\_\_\_

Duration of Treatment: \_\_\_\_\_

Possible Side Effects and Adverse Reactions (if any): \_\_\_\_\_

\_\_\_\_\_

Other Recommendation: \_\_\_\_\_

\_\_\_\_\_

Name of Licensed Prescriber and Title (please print): \_\_\_\_\_

Prescriber's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dear Parents/Guardians:

Under certain circumstances, it may be necessary for your child to take either prescription or non-prescription medication during the school day. Following are the New York State laws regarding the administration of medications.

1. A written request from your family physician should accompany the medication indicating the dosage, frequency; time and any side effects of the medication.
2. A written request from the parent to administer the medication must also accompany the medication. A new form must be filled out by the family physician and written permission obtained from the parent for any change of medication or dosage.

*Each school year the entire procedure must be repeated.*

3. Medication must come in the original pharmacist's container. Many pharmacist's are aware that medication may need to be taken in school and will dispense it in two containers if requested to do so.
4. CHILDREN ARE NOT PERMITTED TO TRANSPORT ANY MEDICATION TO SCHOOL. A PARENT MUST BRING IN THE MEDICATION.
5. Children should never bring over the counter or prescribed medication to school for self-administration. These precautions are advocated to protect all children in the school, as well as your child, to comply with the directives of the State Education Department.
5. Children are not permitted to transport any medication to school. A parent must bring in the medication.

Please be assured that these requirements are for the safety of your child. Under no circumstances will medication be given if the above requirements are not met.

At the end of the school year, parents must pick up all medication.

Thank you for your cooperation in this matter.