



The NYS Education Department guidelines for administration of medication at school states, "Only those medications which are necessary to maintain the student in school and which must be given during school hours should be administered."

If a medication MUST be given during the school day, the following requirements must be met:

- ... the parent or guardian must assume responsibility to have the medication delivered directly to the Nurses' Office.
- ... the medication must be in the original container labeled with student's name, or pharmacy label if it is a prescription medication.
- ... written permission from both the parent/guardian and health care provider must be given to the school nurse before medication may be administered. **(Parts A & B on the back page.)**
- ... additional permission is required for a child to carry their own medication and self Administer. This is necessary for fieldtrips, sports and after school activities. **(Parts A, B & C on back page.)**

A SPECIAL NOTE ABOUT INHALERS

Permission for inhalers must be renewed each school year or if there is a change during the school year. Please make sure that your children have their inhalers with them if they need them in school. Call the Nurses' Office if you have any questions or concerns.

REMINDER ABOUT ALLERGIES

Please make sure you notify the school nurse about any allergies your child may have. Take the time to discuss the need for any emergency medication with your health care provider. Then, have the appropriate medication form/care plan filled out and the medication in school. The school nurse needs this information in order to respond to your child's specific health needs.



**PARENT AND HEALTH CARE PROVIDER AUTHORIZATION FOR
ADMINISTRATION OF MEDICATION IN SCHOOL**

**Authorization for Administration of Medication
Please Complete All Parts A, B and C.**

A. To be completed by parent or guardian:

I request that the school nurse (or other authorized personnel) administer to _____, my child, the medication prescribed below.

_____ Date _____ Parent/Guardian signature

B. To be completed by the licensed health care provider:

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

Name of Student: _____ Date of Birth: _____

Diagnosis: _____

Name of Medication: _____

Prescribed Dosage and Frequency: _____

Times to be taken During School Hours: _____

Duration of Treatment: _____

Possible Side Effects and Adverse Reactions (if any): _____

Name of Licensed Health Care Provider & Title (please print): _____

Signature _____ **Date:** _____

Address: _____ **Phone:** _____

C. Self-Medication Release Form

Both Parent and Licensed Health Care Provider Must Sign

Date: _____

Child's Name: _____ has been instructed in the proper use of the following medication procedure:

Provider's Signature: _____ **and**

Parent/Guardian's Signature: _____

request that (Child's Name) _____ be permitted to carry the medication on her/his person or to keep same in her/his locker or PE locker, as we consider her/him responsible. She/he has been instructed in and understands the purpose, appropriate method, frequency and use of medication.

NOTE: This section must be completed *in addition* to the routine medication form for those students who request permission to carry their own medication on campus, keep this medication in a PE locker, or to take medication on field trips and/or sports.