

MEDICATION AUTHORIZATION FORM

Physician's Order and Parental Consent For Medication To Be Given At School

School Year: 2020 - 2021, Summer School: 2021

New York State law requires us to obtain written permission from parent/guardian and the family doctor to administer any medications while in school. No medicine (including over-the-counter items such as aspirin, vitamins and cough medication can be given to students without a written prescription from the student's doctor (family physician) **and** parent/guardian signature on this form.

IMPORTANT: All medications to be given in school must be brought to school by a parent, guardian or responsible adult in the original bottle, properly labeled with the student's name, doctor's name, name of the medication, dosage (in mg. and number of pills) and the time it is to be given.

A. To be completed by physician:

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

Name of Student _____ D.O.B. _____

Diagnosis: _____

MEDICATION	DOSAGE	FREQ./TIME TO BE TAKEN	ROUTE OF ADMINISTRATION	REASON/CONDITION

Duration of Treatment: _____

(Authorizations expire at the end of the school year or summer school unless otherwise noted)

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

Physician's Signature: _____ **Date:** _____

Address: _____ **Phone:** _____

B. To be completed by parent/guardian:

I have reviewed this plan and hereby give my consent/permission for this medication to be given to my child: _____, by the OCM BOCES School Nurse as prescribed by my child's physician.

I understand that administration of oral, topical or inhalant medications to my **non self-directed child** and injectable medications must remain the responsibility of the school nurse, licensed practical nurse under the direction of a school nurse, physician, or parent.

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____