Al Cirone
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631-893-7920

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Assistant Principal
631-893-7911

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Superintendent of Schools

Babylon Union Free School District

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PARENT AND PRESCRIBER AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

New York State Department of Education mandates a written request on file from Parents/Guardians AND a Physician in order for medication to be administered in school. This form must be renewed EACH school year.

Student's Name _____ Date _____
Address _____ DOB _____
Condition for which the medication is to be given _____
Medication _____
Dose _____ Route _____ Time _____
Side Effects _____
Duration (dates) of administration: From _____ To _____
(Limit of one school year)

_____
Physician Signature

Physician Stamp

Authorization of Parent/Guardian to administer above medications during school hours

To School Personnel:
I request that the above medication, ordered by the physician/dentist/APRN/PA be administered to my child, _____by school personnel. I understand that I must supply the school with the prescribed medication in the original container, professionally labeled by a pharmacist and will provide no more than a 45-day school supply. I understand that medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Signature _____
Parent/Guardian (Print) _____
Relationship to child _____ Date _____
Home telephone _____
Cell phone _____
Work telephone _____