

CONNETQUOT CENTRAL SCHOOL DISTRICT OF ISLIP

MEDICATION IN SCHOOL AUTHORIZATION FORM

The following procedures must be followed in order for the student to be administered medication during the school day:

1. The medication **MUST** be brought to the school health office by a parent or responsible adult. It should **NEVER** be carried to school by the student
2. For all prescription drugs and/or non-prescription drugs, the school must have on file a written request from the doctor indicating the **reason** for the medication and the frequency and amount of dosage.
3. For all types of medication, the school must have on file a written request from the parent to administer it.
4. All written requests should be provided utilizing the **Medication in School Authorization Form**.

If you have any questions concerning this procedure, please contact your school nurse.

To be completed by the Parent/Guardian:

I, _____, request that my child _____, grade _____; receive the medications as prescribed below by our licensed healthcare prescriber. The medications will be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse will administer the medications.

Signature _____ Date _____

Address _____ Phone _____

_____, NY, _____ Cell # _____

To be completed by the Licensed Healthcare Prescriber:

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

Name of patient: _____ Date of Birth: _____

Diagnosis: _____ Medicine: _____

Prescribed Dosage, Frequency and Route of Administration:

Prescribed Time Taken During School Hours: _____

Duration of Treatment: _____

Possible Side Effects and Adverse Reactions, if any:

Other Recommendation:

Name of Licensed Prescriber and Title: _____

Prescriber's Signature: _____ Date: _____ Phone: _____

Address: _____ Fax: _____