

BURNT HILLS- BALLSTON LAKE CENTRAL SCHOOLS

Authorization for Administration of Medication in School

Student's Name _____

Grade _____ Date of Birth _____

Physician's Directions:

The following information is required for the school nurse to administer / student to self administer medication to the student during the school day. This includes prescriptive and non prescriptive medications.

Diagnosis _____

Medication/ Unit _____

Dosage and Frequency _____

Specific time(s) to be given in school _____

Start and end date (or length of school year?) _____

Possible Side Effects _____ (All medication orders must be renewed annually)

The student should be permitted to carry the medication on his/ her person or to keep it in locker or PE locker, as we consider him/her to be responsible. He/ she has been instructed in the use of the medication; understands the purpose and appropriate method and frequency of use.

Medication should be kept in the nurse's office.

Physician's Signature _____ Date _____

Parent/ Guardian Permission:

I understand that no medication can be administered by the school nurse, or self administered without a doctor's order. All medications must be brought to school by an adult unless written permission for the student to carry their own medication has been obtained.

I give the school nurse permission to administer the above medication to my child as ordered;

Please allow my child to carry their medication as requested by the physician;

Parent/ Guardian Signature _____ Date _____