

**PARENT AND PRESCRIBER'S AUTHORIZATION FOR
ADMINISTRATION OF MEDICATION IN SCHOOL**

Authorization for Administration of Medication

A. To be completed by the parent or guardian:

I request that my child _____ grade _____ receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication.

Signature (Parent or Guardian): _____

Address: _____

Telephone: Home _____ Work _____ Date: _____

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

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

Name of Student: _____ Date of Birth: _____

Diagnosis: _____

Name of Medication: _____

Prescribed Dosage, Frequency and Route of Administration: _____

Time to Be Taken During School Hours: _____

Duration of Treatment: _____

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

Other Recommendations: _____

This student is responsible and capable of carrying and self administering the following medication:

[] Inhaler: _____

[] Epi-pen: _____

[] Insulin: _____

Name of Licensed Prescriber and Title (please print): _____

Prescriber's Signature: _____ Date: _____

Address: _____ Phone: _____

WEST GENESEE SCHOOLS

IF A STUDENT NEEDS MEDICATION

If it is necessary for a student to take a medication during school hours, there are certain regulations outlined in the Nurse Practice Act and New York State Education Law which must be followed for the protection of the individual student and the entire school.

Procedure:

- 1. A written order from the physician in which he indicates the frequency and dosage of a prescribed medication. The order is necessary for all medication, over the counter as well as prescription drugs.**
- 2. Medication is to be in a container prepared by the pharmacist and properly labeled (ask the pharmacist to package the prescription in two (2) containers, one for home and one for school). Over the counter medication must be in original container.**
- 3. A written request from the parent to the school nurse to administer the medication as specified by the physician.**
- 4. The medication should be delivered directly to the school nurse by the parent or responsible adult. Under no circumstance is a student to bring their medication to school, exception: inhalers may be carried and used by a student when the physician's written order states so.**

Under no circumstances is a student to leave any kind of medication in his locker, or a classroom, or to carry it with him/her, exception: inhalers may be carried and used by a student when the physician's written order states so. If the medication is lost, there is a potential hazard that it may be found and taken by another student who could suffer a severe drug reaction.

In addition to the legal aspects and consideration of the physical welfare of the students, this procedure protects against the danger of self medication and stresses the importance of proper administration of prescribed drugs.