



Education for today..... and tomorrow

F A R M I N G D A L E P U B L I C S C H O O L S

District Health Services

REQUEST FOR ADMINISTRATION OF MEDICATION DURING THE SCHOOL DAY

1. TO BE COMPLETED BY PARENT/GUARDIAN

I request the school nurse to administer the medication as described below by my physician, to my child:

Name: _____ School: _____ Grade: _____

I will supply the school with the medication prescribed below in the original container or a duplicate professionally labeled by the pharmacist for this purpose.

(Parent/Guardian's Signature)

(Date)

2. TO BE COMPLETED AND SIGNED BY PHYSICIAN

Student's Name: _____ Diagnosis: _____

Name of Medication: _____

DOSAGE: Amount to be given: _____

Time to be given: _____

SIDE EFFECTS: To report: _____

To expect: _____

Physician's Signature: _____

Address: _____

Tel: _____ Date: _____

>

REQUEST FOR ADMINISTRATION OF MEDICATION (Cont'd)

Student's Name: _____ D.O.B. _____

Address: _____ Tel# _____

School: _____ Grade: _____ Homeroom: _____

To: Parent/Guardian:

New York State Law will permit the administration of medication during the school day only with written directions from the physician and the parent.

After you and your physician have completed the form on the reverse side of this letter, bring it, and the medication, to the school nurse.

A new form must be filled out for each change of medication and renewed each school year.

Students are never allowed to carry medication of any kind on their person, or to take medication without official written directions (from the physicians and the parent), or to take medication without supervision.

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