

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 medication to the student during the school day. This includes prescriptive and non prescriptive medications.

Diagnosis _____

Medication/ Unit _____

Dosage and Frequency _____

Specific time to be given in school _____

Initiation and Ending for Medication _____
(NYSED requires new medication orders annually)

Possible Side Effects _____

- 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 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 will can be administered by the school nurse/ brought to school until written parent/ guardian permission and the physician's signed instructions are received by the school nurse.

- 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 _____