

RED HOOK CENTRAL SCHOOL DISTRICT

PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF
MEDICATION IN SCHOOL AND SCHOOL ACTIVITIES

A. To be completed by the parent or guardian:

I request that my child _____ DOB _____ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy*.

B. To be completed by physician:

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

Name of Student _____ DOB _____

Diagnosis: _____

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISTRATION

Duration of Treatment: _____

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

PLEASE CHECK ONE:

- ☐ I deem this child to be **self-directed** and understand the school nurse, or other designated person in the absence of the school nurse, will oversee the **self-administration** of the medication, both during school hours and field trips.
- ☐ I deem this child **non-self-directed** and understand that administration of oral, topical, inhalant and injectable medications must remain the responsibility of the school nurse, physician, or parent.
- ☐ This student has been instructed in the proper use of the above listed medication(s) and is permitted to **self-carry** and **self-medicate** as he/she understands the appropriate purpose, method and frequency of use. By signing below, the parent and physician acknowledge that the Red Hook Central School District will not be liable for any problems that may arise as a result of the carrying and administration of such medication by this student, either while in school or participating in any school sponsored activities. **The student will be solely responsible for administering his/her own medication.**

Signature (Parent or Guardian): _____

Telephone: Home _____ Work _____ Date _____

Physician's Signature _____ Date: _____

Address: _____ Phone: _____

* Medication must be in original pharmacy labeled container with specific orders and name of medication. Medication and refills must be brought directly to the school nurse by parent, guardian or responsible adult.