

German International School New York

ADMINISTRATION OF MEDICATION

German School New York's medication administration policy is consistent with NY State guidelines, accepted medical practice and children's safety. **Students are not to carry any medication for self-administration except for inhalers and/or Epi-pens.** (In this case the bottom portion of this form must be completed.) MEDICATIONS MUST BE DELIVERED TO THE SCHOOL AND TAKEN HOME BY A PARENT OR GUARDIAN ONLY-THERE WILL BE NO EXCEPTIONS. It must be in a PRESCRIPTION bottle with a pharmacist's label attached. Over the counter medication is to be labeled with the child's name.

If you wish the school nurse to administer your child's medication during school hours, we require that this form be completed and returned to the nursing office. Thank you for your cooperation. **This form must be renewed annually.**

TO BE COMPLETED BY THE PARENT/GUARDIAN:

I hereby request that the school nurse (or principal's designee) administer medication as prescribed by my child's physician.

Student's name _____ Date of Birth _____ Grade _____

Teacher _____ Parent/Guardian's home phone _____

I hereby release the Board of Education and its employees from any and all liability arising from the administration of this medication.

Parent/ Guardian signature _____ Date _____

TO BE COMPLETED BY THE PHYSICIAN FOR EVERY MEDICATION

(PRESCRIPTION AND OVER-THE-COUNTER)

Patient name _____ Diagnosis _____

Medication _____ Dose _____ Frequency _____

Dates for administration - From _____ Through _____

If PRN, signs and symptoms for administering medication _____

Possible side effects

Restrictions (specific)

Print M.D. name, address, and phone number:

M.D. signature _____ N.Y.S. Reg. # _____ Date _____

SELF MEDICATION RELEASE FORM

(Inhalers / Epi-Pens)

Student's name _____ has been instructed in the use of the following medication procedures:

We (Physician) _____ and **(Parent)** _____ request that **(Student's name)** _____ be permitted to carry medication on his/her person or to keep it in his/her P.E. locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

NOTE: This must be completed **in addition** to the above portion for those students who are requesting permission to carry their own medication.