



<p align="center">EARLY CHILDHOOD CENTER THE LOWER SCHOOL</p> <p align="center">Grades N-4 125 East 85th Street NY, NY 10028-9993 HEALTH OFFICE: Judith Rose, RN Tel: 212-774-8012</p>	<p align="center"><i>The Rabbi Haskel Lookstein</i> MIDDLE SCHOOL <i>In the Benjamin and Esther Gottesman Educational Center</i></p> <p align="center">Grades 5-8 114 East 85th Street NY, NY 10028-0906 HEALTH OFFICE: Michele Perl, RN Tel: 212-774-8046</p>	<p align="center"><i>The Rabbi Joseph H. Lookstein</i> UPPER SCHOOL <i>In the Morris & Ida Newman Educational Center</i></p> <p align="center">Grades 9-12 60 East 78th Street NY, NY 10075 HEALTH OFFICE: Nechama Moskowitz, RN Tel: 212-774-8089</p>
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AUTHORIZATION FOR DISPENSING MEDICATION

Please use one form for each prescription that is to be administered in school

A. TO BE COMPLETED BY PHYSICIAN:

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

Child's Name: _____ Grade: _____ Date of Birth: _____

Name of Medication: _____ Diagnosis: _____

Dosage and Route of Administration: _____

Times(s) to be Given: _____ Duration: _____

Possible Side Effects and Adverse Reactions: _____

Other Recommendations: _____

Consent for self-administration (provided the school nurse determines it is safe and appropriate).

Physician's name (printed or typed)

Phone

Signature

Date

B. TO BE COMPLETED BY PARENT:

I request that my child _____ in grade _____ receive the medication as prescribed above by our licensed health care provider. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the School Nurse and/or a Substitute School Nurse and/or school personnel will administer or supervise my child taking his/her own medication.

My child may self-administer his/her medication.

Signature of Parent/Guardian

Phone

Date

No medication will be accepted or administered by school personnel unless it is accompanied by a completed copy of this form. All medications to be furnished by parent/guardian, in an appropriate container with pharmacy and/or manufacturer's label.