BEEKMANTOWN CENTRAL SCHOOL HEALTH OFFICE
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

Dear Parent/Guardian:

Every effort should be made to administer medication at home as it does represent a disruption in the student's school day. However, if your physician feels that medication is necessary during the school day, please submit this completed form before medication is sent to school.
A new form must be filled out for each change of medication and renewed each school year.
State law does permit administration of medication during the school day only with written directions from the physician and parent.
Students are at no time allowed to carry medication of any kind on their person or to take medication without official written directive from physician and parent. A student is not ever permitted to take medication without supervision. Please note: self medication release forms are available in the Health Office for children who must keep inhalers with them during school hours.

TO BE COMPLETED BY PARENT/GUARDIAN:

I request that my child _____ receive the medication as prescribed below 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 or other designated person(in the case of the absence of the school nurse), will administer the medication.

Parent/Guardian signature: _____

TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER:

Student's name: _____ Diagnosis: _____

Name of Medication: _____ Dosage: _____

Route: _____ Frequency/Time: _____ Duration: _____

Side effects:

To Report: _____ To expect: _____

****In my professional opinion, after proper instruction, this student should be allowed to carry and use the above medication by him/herself****

YES_____ **NO**_____

PHYSICIAN SIGNATURE: _____ Date: _____
Address: _____ Telephone: _____