



<p><b>EARLY CHILDHOOD CENTER THE LOWER SCHOOL</b></p> <p>Grades N-4 125 East 85th Street NY, NY 10028-9993 HEALTH OFFICE Tel: 212-774-8012 Fax: 212-774-8039</p>	<p><i>The Rabbi Haskel Lookstein</i> <b>MIDDLE SCHOOL</b> <i>In the Benjamin and Esther Gottesman Educational Center</i></p> <p>Grades 5-8 114 East 85th Street NY, NY 10028-0906 HEALTH OFFICE Tel: 212-774-8046 Fax: 212-774-8069</p>	<p><i>The Rabbi Joseph H. Lookstein</i> <b>UPPER SCHOOL</b> <i>In the Morris &amp; Ida Newman Educational Center</i></p> <p>Grades 9-12 60 East 78th Street NY, NY 10075 HEALTH OFFICE Tel: 212-774-8089 Fax: 212-774-8099</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.**