GLEN COVE CITY SCHOOL DISTRICT
GLEN COVE, NEW YORK 11542

Parent and Prescriber Authorization for Administration of Medication in School

A. To be completed by the parent or guardian:

I request that my child_______________________________________ Grade______receive the medication as prescribed below by our licensed health care prescriber. 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.

Signature (Parent or Guardian): ______________________________Date: ________________

Address:____

Telephone: Home:__________________Work:_______________Cell: __________________

B. To be completed by the licensed health care prescriber:

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

Name of student: _______________________________Date of birth: ____________________

Diagnosis: ____

Name of medication: ____

Prescribed dosage, frequency and route of administration:

____

Time to be taken during school hours: ____

Duration of treatment: ____

Possible side effects and adverse reactions (if any): ________________________________

____

Other recommendations: ____

____

Name of licensed prescriber and title (please print): _________________________________

Signature: ____Date: _______________________

Address: ____Phone: ______________________

C. SELF-MEDICATION REQUEST:

Child' name: ____

has been instructed in the proper use of the following medication procedures:

____

We (Physician's Signature): __________________________________Date: ________________

And (Parent or Guardian's Signature): _________________________Date: ________________

Request that this student be permitted to carry the medication on his/her person or to keep same in his/her locker or 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.

06/04