

Miller Place Union Free School District

Miller Place HS
 15 Memorial Drive
 Miller Place, NY 11764
 Health Office 631-474-2481
 Fax: 631-331-4093

North Country Rd Middle School
 191 North Country Rd
 Miller Place, NY 11764
 Health Office 631-474-7258
 Fax: 631-474-0362

**Laddie A Decker
 Sound Beach School**
 197 North Country Rd
 Miller Place, NY 11764
 Health office 631-474-2721
 Fax: 631-331-4342

Andrew Muller Primary
 65 Lower Rocky Point Road
 Miller Place, NY 11764
 Health Office 631-474-2717
 Fax: 631-474-4738

PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL AND SCHOOL ACTIVITIES

A. To be completed by the parent or guardian:

I request that my child _____ DOB _____ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy*.

Signature (Parent or Guardian): _____

Telephone: Home _____ Work _____ Date _____

B. To be completed by physician:

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

Name of Student _____ DOB _____

Diagnosis: _____

| MEDICATION | DOSAGE | FREQUENCY/TIME TO BE TAKEN | ROUTE OF ADMINISTRATION |
|------------|--------|-------------------------------|----------------------------|
| | | | |
| | | | |
| | | | |

Duration of Treatment: _____

Possible Side Effects and Adverse Reactions (if any): _____

Physician's Signature _____ **Date** _____

Physician's Stamp Required

* Medication must be in original pharmacy labeled container with specific orders and name of medication.
 * Medication and refills must be brought to school by parent, guardian or responsible adult.