WASHINGTONVILLE CENTRAL SCHOOL DISTRICT

52 West Main Street, Washingtonville, New York 10992 Phone: (845) 497-4000

Authorization for Administration of Medicine Form

Student's Name: _____ Date of Birth: _____

This form must be completed by you and your child's physician or licensed health care provider if your child is or will be taking medication, both over-the-counter and prescription and whether self-administered or administered by school practitioner at school.

To be completed by Parent or Guardian

I request that my child, named above, receive the medication(s) as noted below. All medication must be furnished by the parent or guardian to the school nurse in the properly labeled original container. I understand that the school nurse or school health practitioner will administer the medication or an adult will supervise my child taking his or her own medication. In addition, I give permission to the school nurse to contact the licensed prescriber to clarify medication issues, whenever necessary.

Parent/Guardian Signature: _____ Date: _____

Telephone Number _____ Email address_____

To be completed by Physician or Licensed Health Care Provider

I request that my patient, named above, receive the following medication(s) - please include over-the-counter as well as Prescriptions:

Diagnosis: _____
Name of Medication: _____
Prescribed Dosage, Frequency, and Route of Administration: _____
_____
Possible Side Effects and/or Adverse Reactions (if any): _____
_____
Other Recommendation(s): _____
Diagnosis: _____
Name of Medication: _____
Prescribed Dosage, Frequency, and Route of Administration: _____
_____
Possible Side Effects and/or Adverse Reactions (if any): _____
_____
Other Recommendation(s): _____
Name, address and phone of physician or licensed health care provider (print or stamp): _____
_____

Signature: _____ Date: _____

This form may be faxed to the appropriate school health office as noted below.

School	**Fax Numbers**	**Phone Numbers – (845) 497-4000**
Little Britain Elementary School	Fax: (845) 497-4003	Ext. 23531
Round Hill Elementary School	Fax: (845) 497-4082	Ext. 25531
Taft Elementary School	Fax: (845) 497-4085	Ext. 22531
Washingtonville Middle School	Fax: (845) 497-4037	Ext. 21531
Washingtonville High School	Fax: (845) 497-4034	Ext. 24531