

HYDE PARK CENTRAL SCHOOL DISTRICT  
P.O. Box 2033  
HYDE PARK, NEW YORK  
Phone # 845-229-4020 Ext. 1210 Fax # 845-229-2085

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

Name of Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School Year: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**PART I – PHYSICIAN’S STATEMENT**

Name of medication: \_\_\_\_\_

Diagnosis/Reason: \_\_\_\_\_

Dosage/amount to be given: \_\_\_\_\_

Frequency/times to be administered: \_\_\_\_\_

Duration (week, month, indefinite, etc.): \_\_\_\_\_

Anticipated reaction to medication: \_\_\_\_\_

Symptoms, side effects, etc: \_\_\_\_\_

**Part II – TO BE COMPLETED BY PHYSICIAN**

If inhaler or EpiPen may student self administer: Yes \_\_\_\_\_ No \_\_\_\_\_

May they carry on their person: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Health Care Provider’s Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address and Phone

**PART III – PARENT’S REQUEST/APPROVAL:**

I hereby request and give my permission for the above-named school to administer the medication prescribed on this form to my child.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date Signed

# Hyde Park Central School District

P.O. Box 2033

Hyde Park, New York 12538-8033

The New York State Department of Education, the Hyde Park Board of Education, and the Nurse Practice Act, regulate the administration of medication to children during school hours. Therefore, for your information:

- All medication must be prescribed by your child's healthcare provider, including non-prescription medications (over the counter)
- Written request of the parent and/or guardian for administration of the medication is required.
- Prescription medication must be in a container dispensed by your pharmacist, labeled with your child's name and exact dosage.
- Parents are requested to bring the medication to school and pick it up when it is no longer required. **Students are not allowed to carry medications on the bus unless they have permission to self carry their medication.**
- **If you wish your child to self administer and carry their medication in school the physician must complete Part II.**
- If your child requires medication at home and in school, please request the pharmacist to dispense and label in two containers.
- Over the counter medications (non prescription including creams and ointments) require permission from your healthcare provider. Parents are required to provide the medication, deliver it to school and sign the permission form.
- Medication must be picked up at the end of the school year or it will be disposed of by the school nurse.

**All medication information is good for the current school year only and must be renewed each school year ( this includes over the counter medication).**

Please call the nurse in your child's school if you have any questions regarding these policies.