RED HOOK CENTRAL SCHOOL DISTRICT

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*.

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): _____

PLEASE CHECK ONE:

- ☐ I deem this child to be **self-directed** and understand the school nurse, or other designated person in the absence of the school nurse, will oversee the **self-administration** of the medication, both during school hours and field trips. Parent/guardian **MUST** sign this form.
- ☐ I deem this child **non-self-directed** and understand that administration of oral, topical, inhalant and injectable medications must remain the responsibility of the school nurse, physician, or parent. Parent/Guardian **MUST** sign this form.
- ☐ **HEALTH CARE PROVIDER PERMISSION FOR INDEPENDENT USE AND CARRY.** I attest that this student has demonstrated to me that they can **self-administer** the medication(s) listed above safely and effectively and may **self-carry** and use this/these medication(s) (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. This order applies to the medications above. Parent/Guardian **MUST** sign this form.

Signature (Parent or Guardian): _____
Telephone: Home _____ Work _____ Date _____

Physician's Signature _____ Date: _____
Address: _____ Phone: _____

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