

**CHESTER UNION FREE SCHOOL DISTRICT
HEALTH OFFICE**

Chester Elementary School
2 Herbert Drive
Chester, NY 10918
845-469-2178 x2209
Fax: 845-469-2170

Chester Academy
64 Hambletonian Avenue
Chester, NY 10918
845-469-2231 x3315
Fax: 845-469-6634

PARENT AND PRESCRIBER'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

A. To be completed by the parent/guardian:

I request that my child _____ grade _____
Receive the medication as prescribed below by our licensed health care provider. 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 case of the absence of the school nurse, will administer the medication.

Signature (Parent/Guardian): _____

Address: _____

Telephone: Home _____ Work _____ Date _____

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: _____

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: _____

Self-Medication Release (ACADEMY ONLY):

My student, _____, has been instructed in the proper use of the following emergency medication procedures: _____

We (Physician's signature) _____ and
(Parent/Guardian's signature) _____

request that my student be permitted to carry the emergency 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.

INSTRUCTIONS FOR IN-SCHOOL MEDICATIONS

The New York State regulations concerning medication dispensing in school are very specific.

- It is required that ALL medications be brought to school by a parent or other adult.
- They are to be in their **original pharmacy container**. (You may need to ask the pharmacist for two labeled containers for prescription drugs, one for home and one for school.)
- The medication must be accompanied by parental permission and a signed physician's order stating diagnosis, medication name, dosage, time and duration. See attached form.

Please direct any questions to the school's health office.

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