

BALDWIN UNION FREE SCHOOL DISTRICT
AUTHORIZATION OF MEDICATION ADMINISTRATION IN SCHOOL

Dear Parent/Guardian:

Please complete this form when a prescription or non-prescription medication is required to be administered in school. We will need:

A written order from your doctor

A parent signature authorizing the Health Office to give the medication

A parent or guardian must deliver the medication to the nurse in the **prescription bottle or original store packaging**. UNLABELED MEDICATIONS WILL NOT BE ACCEPTED OR ADMINISTERED. It is the responsibility of the parent or guardian to keep count of the amount of medication sent in to the school.

***PHYSICIAN ORDER*:**

NAME OF STUDENT: _____ DIAGNOSIS: _____

MEDICATION: _____ DOSAGE: _____ FREQUENCY: _____

SELF DIRECTED AND/OR MAY ADMINISTER OWN MEDICATION ON SCHOOL TRIPS: YES _____ NO _____

MD SIGNATURE: _____ DATE: _____ PHYSICIAN STAMP: _____

PARENT/GUARDIAN CONSENT:

Check the appropriate box(es) below:

- please administer the above-mentioned medication as per the Physician's order.
- please allow my child to self-administer his/her own medication on class trips.
- please **allow my child to carry his/her INHALER/EPI PEN**. He or she has been instructed on usage and understands the purpose, method and frequency for this medication.

Parent/Guardian Name: _____ Signature: _____ Date: _____

PLEASE NOTE:

Students are only allowed to carry inhalers and/or EpiPens while in school. All other medications need to be stored in the Health Office.