

**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 MEDICATION WILL NOT BE ACCEPTED OR ADMINISTERED. It is the responsibility of the parent or guardian to keep count of the amount of medication sent into 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 physician's order.
- Please allow my child to self-administer his/her own medication on class trip.
- 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.

*****This information must be updated annually*****