Rochester City School District
SCHOOL HEALTH SERVICES
131 West Broad Street
Rochester, NY 14614

Discover the Excellence

Parental Permission to Administer Medication

Dear Parent/Guardian of: _____ Date: _____

It has come to our attention that your child will need medications during school hours. In order to provide safe and consistent care for your child, the following must be done before we can begin to administer the medication. We must have:

- **Signed "Parent Permission to Administer Medication"** (this form)**.** A picture will be taken and placed on the "Medication Administration Sheet" to easily identify your child. This will help with quick and accurate identification of your child while administering medications. Only health office staff and school administration have access to the forms for confidentiality reasons. If you have a current school year 1"x1" or 2"x2" picture to donate, we could use that. If your child has a medical condition that requires an "Emergency Care Plan" to be developed (ie: diabetes, seizure disorder, severe asthma), a picture will be applied to that as well.
- **Signed "Prescriber's Authorization**" form from your child's doctor. *Your child's doctor must complete this form for our staff to administer medications.*
- **"Release of Information" signed by you.** It is important for us to be able to communicate current and accurate information with your child's doctors or other service providers. This helps us, the doctor, and your child ensure any treatment your child receives is beneficial.
- **The medication must be delivered to the school by an adult in a clearly labeled container from the pharmacy.** The label must state your child's name, the medication, and the dose the doctor has prescribed. This is true for any refills your child needs throughout the school year. Please note that no child is allowed to carry medication on them without signed doctor and parent permission.

Please note that a licensed nurse will give medications to your child until he or she is determined to be "self-directed" by a registered nurse. This means your child understands what medicine to take, the dose, the correct time, what happens if the medication is not taken, and would refuse the medicine if something does not seem correct. Once your child is self-directed, the registered nurse will instruct the school health aide and principal (or his/her designee) about the medication. They can then administer the medication if necessary.

Your cooperation is greatly appreciated, and we look forward to helping your child to make the school experience a safe and positive one!

I agree with the above plan: Parent Signature/Date: _____

Home#:_____ Work#:_____ Cell#:_____

Sincerely,

Name/Title: _____ School: _____

Office #:_____ Fax #:_____