



RYE CITY SCHOOL DISTRICT
Health Care Services
 Rye, NY 10580

**PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF
 MEDICATION IN SCHOOL AND SCHOOL ACTIVITIES**

To Be Completed By Parent or Guardian:

Name of Student _____ Date of Birth _____

I request that my child 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 *.

I give permission for my child to receive the prescribed medication as directed and under the supervision of the school nurse or designated other.

I release the Nurse to inform all those (Principal/Faculty/Staff directly involved with the student) on a "need-to-know" basis all pertinent health information for his/her safety during the school year.

Exceptions: _____

Signature (Parent or Guardian): _____

Phone: Home/Cell _____ Work _____ Date _____

To Be Completed By Physician: Medication Orders Must Be Dated On/After July 1st For Upcoming School Year *

I request that my patient, as listed above and who has the following, receive the medication/s listed below:

Diagnosis: _____ Allergy: _____

MEDICATION*	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISTRATION

Date to Start: _____ Date to Finish: _____

Possible Side Effects and Adverse Reactions (if any): _____

Physician Signature _____ **Date: (must be on/after July 1st)** _____

STAMP/LICENSE/ADDRESS: _____ **Phone:** _____

Authorization for Self-Medication (ONLY FOR EPI-PENS AND/OR INHALERS):

He/she is self-directed,** has been instructed in the procedure of self-administration and can assume responsibility for carrying he/her own properly labeled medication in the original container. He/she understands the purpose, the correct dose, the possible side effects, and the frequency of use. We request that he/she be permitted to carry his/her own medication, including Field Trips, or to keep own medication in his/her locker. School Nurse has final approval.

Physician Signature _____ **Date: (must be on/after July 1st)** _____

STAMP/LICENSE/ADDRESS: _____ **Phone:** _____

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

** Self-directed is defined as: "an individual who is capable and competent to understand a personal care procedure, can correctly administer it to him/herself each time it is required, has the ability to make choices about the activity, understands the impact of these choices, and assumes responsibility for the results of the choices. A self-directed individual may also include an individual who knows the correct procedure or method of administration, but is unable to physically self-administer the medication." (NYS Education Dept., March 1995).