

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

*Penfield Central School District  
Charles Finney School – Fax 641-0431  
Grades K - 12*

**A. MUST BE COMPLETED BY THE PARENT OR GUARDIAN:**

I request that my child, \_\_\_\_\_ Grade: \_\_\_\_\_  
receive

Drug: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason/symptoms: \_\_\_\_\_ Frequency: \_\_\_\_\_

Permission to carry:  EPI-Pen  Inhaler

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 the case of the absence of the school nurse, will administer the medication.

**Signature (Parent or Guardian):** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Date: \_\_\_\_\_

**B. MUST BE COMPLETED BY THE LICENSED HEALTHCARE PRESCRIBER:**

***Authorization for Administration of Prescription and/or Non-Prescription Medication***

I request that my patient, as listed below, received the following medication:

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescribed Dosage, Frequency and Route of Administration: \_\_\_\_\_

Time to be Taken During School Hours: \_\_\_\_\_

Possible Side Effects and Adverse Reactions (if any): \_\_\_\_\_

Other Recommendations: \_\_\_\_\_

Permission to carry:  EPI-Pen  Inhaler

If the morning dose usually given at home has been forgotten, the nurse may administer it at school after verbal or written notification from the parent.

Drug: \_\_\_\_\_ AM Dose: \_\_\_\_\_

Then administer the second dose as follows:  \_\_\_\_\_ hours later;  no change

Name of Licensed Prescriber and Title (please print): \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE SEE REVERSE FOR MEDICATION INFORMATION AND POLICIES**

## **MEDICATION INFORMATION AND POLICIES**

*Penfield Central School District  
Charles Finney School – Fax 641-0431*

***If you wish your child to receive ANY medication at school, the New York State regulation requires written permission from your health care provider and parent. This includes all prescriptions and/or over-the-counter medications.***

- Nurses may administer medication only at the time(s) (with a variance of one hour before and one hour after) and the dosage specified by the healthcare provider.
- Medication must be properly labeled with specific directions and dose, **in the original container**.
- **New forms are required at the beginning of each school year and whenever the dosage changes.**
- All medication must be brought in and picked up at the end of the school year by an adult. Any medication not picked up will be discarded on the last day of school.
- Please include a small picture of your child to be attached to the medication bottle.
- If half pill dosage is required, please bring pills to school cut in half. Childproof caps are not required.
- Mid-day medications are not administered on school half days unless specifically requested by the parent.

***Please Note: The New York Board of Pharmacy requires schools to send medications on extended field trips in a pharmacy labeled bottle. Please ask your pharmacist for an extra empty bottle when the prescription is being filled (i.e. one bottle for home, two for school).***