RESURRECTION SCHOOL
946 Boston Post Road
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Tel: (914) 967-3510 Fax: (914) 925-3511

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

A. To be completed by the parent or guardian:

Name of Student _____ DOB _____

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.

Yes/No (circle one): 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): _____

Telephone: Home _____ Work_____ Date _____

B. To be completed by physician:

I request that my patient, as listed above, 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:_____

Address: _____ Phone:_____

C. 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:_____

Address: _____ Phone:_____

***SEE OTHER SIDE**

* **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.**

* **<u>Self-directed</u> 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).**