

**Waterville Central School  
Waterville, New York**

**AUTHORIZATION FOR SELF/ADMINISTRATION OF MEDICATION**

**\*\*\*INHALER ORDER ONLY\*\*\***

**A. To be completed by the Licensed Health Care Prescriber:**

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

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
Name of Medication \_\_\_\_\_  
Prescribed dosage and route of administration \_\_\_\_\_  
Frequency and time to be taken during school hours \_\_\_\_\_  
Duration of treatment \_\_\_\_\_  
For PRN medications – list conditions under which medication should be administered  
\_\_\_\_\_

Name of Licensed Prescriber & Title (please print) \_\_\_\_\_  
Prescriber's signature \_\_\_\_\_ Date \_\_\_\_\_  
Issuing Physicians Office \_\_\_\_\_ Phone \_\_\_\_\_  
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**B. To be completed by parent or guardian:**

I request that my child \_\_\_\_\_ grade \_\_\_\_\_, receive the medication as prescribed above by our licensed health care prescriber. 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.

I also hereby request that my child's teacher or other designated faculty member administer the medication on such school-sponsored activities such as field trips, athletic events, etc. during the \_\_\_\_\_ school year.

The above medication is to be administered during the current school year or until terminated by written notice.

Signature of Parent/Guardian: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (home) \_\_\_\_\_ work \_\_\_\_\_ Date: \_\_\_\_\_  
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**This pertains to the administering of emergency medications ONLY, (such as inhalers)**

**All other medications must be kept in the Health Office**

C. We (physician's signature) \_\_\_\_\_  
And (parent/guardian) \_\_\_\_\_

Request that (child's name) \_\_\_\_\_ be permitted to carry the medication on his/her person or to keep same I his/her locker, PE locker, as we consider him/her responsible and self-directed. He/she has been instructed in and understands the purpose and appropriate method and frequency of use. As the parent/guardian, I accept the responsibility regarding monitoring of my child on an ongoing/daily basis to insure that the child is carrying and taking the medication as ordered.