

Waterville Central School
Waterville, New York

AUTHORIZATION FOR SELF/ADMINISTRATION OF MEDICATION
*******INHALER/EPI-PEN ORDERS 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 _____
////////////////////////////////////

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: _____
////////////////////////////////////

C MUST BE COMPLETED IF STUDENT IS TO CARRY EMERGENCY MED

This pertains to the administering of emergency medications ONLY, (INHALER/EPI-PEN)

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 in 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.