

STARPOINT CENTRAL SCHOOL - 4363 Mapleton Road - Lockport, New York 14094

Dear Parents:

In order to administer medication to your child in school, we are required to have the following information.

- 1. All medication, INCLUDING NON-PRESCRIPTION DRUGS, must be accompanied by an Authorization for Administration of Medication form completed by both parent or guardian and the primary care physician.
- 2. ALL medication must be brought to school by parent or adult designee in its original container and be labeled with the student's name. For prescription medications, the parents should ask the pharmacist for a properly labeled second container.

WE ARE UNABLE TO ADMINISTER ANY MEDICATION IN SCHOOL UNLESS THE ABOVE REQUIREMENTS ARE MET.

Authorization for Administration of Medication

A. To be completed by the parent or guardian:

I request that my child, _____, grade _____, receive the medication as prescribed below by our primary care physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand the school nurse, or another designated person in the case of the absence of the school nurse, will administer the medication.

Parent/Guardian Signature: _____

Address: _____

Telephone: Home _____ Work _____ Date _____

B. To be completed by the primary care physician. I request that my patient, as listed below, receive the following medication:

Student Name: _____ Birth Date: _____

Diagnosis: _____

Name of Medication: _____

Prescribed Dosage, Frequency and Route of Administration:

Time to Be Taken During School Hours: _____

Duration of Treatment: _____

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

Other Recommendations: _____

Name of Physician (please print): _____

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____