

**STARPOINT CENTRAL SCHOOL**  
4363 Mapleton Rd. Lockport, NY 14094

Authorization for Medication Administration in **Grades 6-8**

**Instructions for Parent/Guardian:** All medication, including over-the-counter and prescription, requires a written order by your child's health care provider and written consent by the parent/guardian. **We will be unable to administer any medication in school unless all requirements are met.** In case of field trips, a designated responsible person may be assigned to administer the medication.

All medication must be brought to school by the parent/guardian or adult designee in its **original container**. For prescription medications, the pharmacist should be asked for a properly labeled second container if needed. All orders expire at the end of the school year. Any unused medication must be picked up by the parent/guardian or it will be properly disposed of.

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**To Be Completed by Licensed Health Care Prescriber ONLY:**

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Medication name: \_\_\_\_\_  
Dosage, route, frequency: \_\_\_\_\_  
Time to be taken during school hours: \_\_\_\_\_  
Possible side effects : \_\_\_\_\_

**Attestation for independent use and carry:** This applies to only the following medications: Epinephrine auto injector for allergy, Rescue Inhaler for respiratory condition, Insulin, Glucagon & Diabetic supplies for Diabetes. I attest that this student has demonstrated to me that they can self-administer the above medication safely and effectively, and may carry and use this medication independently at any school/school sponsored activity. Staff intervention is needed only during emergency. Check appropriate box: **YES**  **NO**

**Licensed Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed: \_\_\_\_\_ or Affiliated Office: \_\_\_\_\_ Phone \_\_\_\_\_

*Check box if school stock albuterol may be used only if student's supply is empty.\*\**

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**Parent/Guardian consent:**

I, the legal parent/guardian of \_\_\_\_\_ Grade \_\_\_\_\_  
similarly sanction the administration of the medication stated above.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

*\*\*The school's stock albuterol is only for use in the event the student's own albuterol is empty. If desiring this option, a spacer/tubing/mouthpiece must be provided to the nurse by the parent/guardian.*

Middle School Nurse Phone 210-2230

Fax: 210-2231

