

STARPOINT CENTRAL SCHOOL
4363 Mapleton Rd. Lockport, NY 14094

Authorization for Medication Administration in **Grades 9-12**

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.

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. **

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.*

High School Nurse Phone 210-2330 Fax: 210-2361