MONROE-WOODBURY CENTRAL SCHOOL DISTRICT

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

A. To be completed by the parent or guardian:

I request that my child ________________________, Grade/HR______, receive the medication as prescribed below 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.

Should medication be given before dismissal on half days: _____YES _____ NO

SIGNATURE (Parent/Guardian):____

B. To be completed by the licensed health care prescriber:

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

NAME OF STUDENT:_______________________________ D.O.B.__________

DIAGNOSIS: ____

NAME OF PRESCRIBED MEDICATION: _______________________________________

DOSAGE: ____________ FREQUENCY: ______________ ROUTE: _______________

C. CHECK YES OR NO BELOW:

NO _____ YES _____ **In the event that the a.m. home dose has not been given**, the school will contact the parent/guardian for verification. Can the nurse administer this dose? If Yes, the dosage to be given is _________________.

NO _____ YES _____ **May this medication be self-administered?** Self-administration medication applies only to inhalers, epipens and insulin pumps. If Yes, my patient should be permitted to carry the medication on his/her person, as we consider him/her to be responsible. He/she has been instructed in the use of, and understands the purpose, frequency, and side effects of this medication.

NO _____ YES _____ **FOR EPI PENS ONLY!** If student is unable to administer epipen, should this medication be carried by student at all times (on school bus or for after school activities, e.g. in backpack)?

PRINTED NAME OF PRESCRIBER:__________________________________ TITLE:______________

PRESCRIBERS SIGNATURE:____

ADDRESS:____ PHONE:____________________

DATE:________________________