

Coxsackie-Athens Central School District

Request for Administration of Medication During the School Day

Every effort should be made to administer medications at home, as it does represent a disruption in the student's school day. However, if your doctor feels that medication is necessary during the school day then the following information must be obtained before the medication is brought to school.

- *1. A written statement from your doctor that includes the information that follows.
- *2. Parent/Guardian signature **and** a doctor signature.

This is a State Law; the school nurse is not allowed to give any medications, prescription or over the counter (such as Tylenol, aspirin, cough medicine etc.) without this form filled out by a doctor and parent.

STUDENTS ARE AT NO TIME ALLOWED TO CARRY MEDICATION OF ANY KIND ON THEIR PERSON OR TAKE MEDICATION WITHOUT SUPERVISION, UNLESS A WRITTEN DIRECTIVE FROM BOTH THE DOCTOR AND PARENT IS ON FILE WITH THE HEALTH OFFICE.

A. TO BE COMPLETED BY PARENT/GUARDIAN:

I request that _____ Date of Birth: _____
receive the medication as prescribed by our doctor. The medication is to be furnished by
me in the properly labeled original container from the pharmacy.

Please check **one** of the following:

- _____ I understand that the school nurse will administer the medication.
- _____ If indicated below by the doctor to self-medicate, I grant permission
for the child to use as directed.

Parent/Guardian signature: _____ Date: _____

B. TO BE COMPLETED BY DOCTOR:

Student Name: _____ Date: _____

Name of Medication: _____ Diagnosis: _____

Dosage, frequency and route of administration: _____

Side effects: _____

Additional Instructions: _____

May Self-Medicate: YES _____ NO _____

If YES, I request that the above named child be allowed to carry and use the above medication as prescribed. The student has been instructed and understands the purpose and appropriate method of use and frequency of the medication and I consider him/her responsible.

Doctor Signature: _____

Name of Doctor (please print): _____

Address: _____ Phone: _____