

MEDICATION AUTHORIZATION FORM

As outlined in the Nurse Practice Act, and provisions of the NY State Education Law, School nurses, principals, and other school personnel cannot dispense any medication to children without permission.

When a child needs medication of any kind, whether it is prescription or over-the-counter, to be taken internally or externally, we need written permission from both the child's doctor and the parent in order to give it.

Parent permission – to be completed by parent

I hereby give permission for the school nurse to administer the following medication to my child as stated below by our physician.

Child's Name _____ Date _____

Medication _____

Parent's phone number _____ Parent's Signature _____

Physician Permission – to be completed by the family Physician

Child's Name _____ Date _____

Diagnosis/Purpose of Medication _____

Medication _____

Dose and frequency _____

Possible side effects _____

Signature and Stamp of Physician

Phone _____