
ADMINISTRATION OF MEDICATIONS IN SCHOOL

Student's Name _____

Grade _____

New York State Law states that medication can be given to a child during school hours **only if the school nurse receives a note from the child's physician with the physician's signature. All medication must be in the original container and clearly labeled** stating:

1. Name of medication;
2. Time medication is to be given, and dosage;
3. A request that it be dispensed in school, together with a note from the parent/guardian giving the school nurse permission to dispense the medication.
4. Medication must be in its original sealed container.

MEDICATION TO BE TAKEN IN SCHOOL must be taken to the nurse's office by the parent/guardian. PLEASE do not have medication in school for a child to take on his/her own. We have many children who are allergic to various drugs. If any of these drugs should unknowingly fall into their hands, the results could be **FATAL**.

We cannot accept notes that are stamped, or signed by anyone other than your child's physician.

Dear Parent/Guardian of _____

Your child was receiving medication during the school year. Enclosed is the form needed to be completed by your child's doctor for the next school year. Please return the completed form to your child's nurse in September. Medications must be taken to the nurse's office by the parent/guardian.

Thank you for your cooperation.

School Nurse



OUR SAVIOR
NEW AMERICAN SCHOOL

"The Family Christian School"

Pre-K to Grade 12

SELF-MEDICATION RELEASE FORM

DATE: _____

CHILD'S NAME: _____

HAS BEEN INSTRUCTED IN THE PROPER USE OF THE FOLLOWING MEDICATION
PROCEDURES: _____

WE (PHYSICIAN'S SIGNATURE) _____

AND (PARENT OR GUARDIAN SIGNATURE) _____

REQUEST THAT (CHILD'S NAME) _____

BE PERMITTED TO CARRY THE MEDICATION ON HIS/HER PERSON OR TO KEEP
SAME IN HIS/HER LOCKER OR P.E. LOCKER, AS WE CONSIDER HIM/HER
RESPONSIBLE. HE/SHE HAS BEEN INSTRUCTED IN AND UNDERSTANDS THE
PURPOSE AND APPROPRIATE METHOD AND FREQUENCY OF USE.

*NOTE: THIS FORM MUST BE COMPLETED IN ADDITION TO THE ROUTINE DISTRICT
MEDICATION FORM FOR THOSE STUDENTS WHO REQUEST PERMISSION TO CARRY
THEIR OWN MEDICATION ON CAMPUS OR KEEP THIS MEDICATION IN A P.E. LOCKER.*

1999-2000