#### Hudson City School District Hudson, New York 12534

# Parent and Prescriber's Authorization for Administration of Medication in School

#### Section 1 – To be completed by the Parent or Guardian

I request that my child,		), receive the	
medication as prescribed below by our lie	1	6	
by me in the properly labeled original co	· · ·		
or other designated person in the case of	the absence of the School Nurse, v	vill administer the medication.	
Signature (Parent/Guardian):			
Address:			
Telephone: Home	Work	Date:	
Section 2 – To be completed by the Lic	ensed Health Care Prescriber		
I request that my patient, as listed below,	receive the following medication	at school:	
Name of Student:		DOB:	
Diagnosis:			
Name of medication, prescribed dosage,	frequency, route of administration	:	
Time to be taken during school hours:			
Duration of treatment:			
Possible side effects or adverse reactions	:		
Other recommendations:			
Name & Title of Licensed Prescriber (ple	ease print):		
Address:			
Phone:			
Prescriber's signature:		Date:	
Hudson Junior	entary School Fax Number: 518-( High School Fax Number: 518-69 High School Fax Number: 518-69	7-8791	

## Administration of Medication in School

New York State Education Law requires a physician's written order and a parent/guardian's authorization for school personnel to administer all medications, including nonprescription drugs, in school.

Before medications can be dispensed, the following must be on file with the school:

- Physician's written order
- Parent/Guardian written authorization
- Bottle properly labeled with:
  - Name of child
  - Name of doctor
  - Prescription number
  - Name of drug
  - Strength of drug
  - o Dosage
  - Frequency of administration
  - Date of issue

OTC (over-the-counter) medications must be in the original manufacturer's container

Medication must be delivered to the Health Office by a responsible adult.

All medications must be kept in a locked cabinet or separate locked drawer in the Health Office.

A Daily Medication Log is kept on all students receiving medication.

Students receiving medications on a long-term basis are evaluated periodically by the School Nurse.

Medication orders must be renewed annually or when there is a change in medication or dosage.

Willing unlicensed persons, who have been appropriately instructed and approved by school nursing personnel, may assist self-directed students with the taking of their own oral, topical and inhalant medications.

When an oral medication is to be administered off school grounds or after school hours, it should be placed in a single dose medication envelope by school nursing personnel and properly labeled with:

- Student's name
- Name of medication and dosage
- Date and time to be given
- Special instructions
- Possible side effects

## **Self-Medication**

When any member of school staff observes a student carrying or taking medication, that individual has the responsibility to refer the student to the Nurse. The Nurse will contact the parent/guardian and set up the proper procedure for administration.

Under certain conditions, it may be necessary to allow a student to self-administer his/her own medication. In such cases, the Nurse must have on file a Self-Medication Release Form <u>in addition to the routine district medication</u> <u>form</u>.