

IROQUOIS CENTRAL SCHOOL DISTRICT
PRIMARY SCHOOLS

EP Phone: 652-3000 ext. 2600 Fax: 716-805-7040, MP Phone: 652-3000 ext. 3600 Fax: 716-805-7046, WP Phone: 652-3000 ext. 4600 Fax: 716-805-8075

MEDICATION AUTHORIZATION FORM

A. TO BE COMPLETED BY THE PARENT OR GUARDIAN:

I request that my child _____ DOB _____ Grade ____ receive the medication as prescribed below by our NYS licensed health care provider. I will furnish the medication in a properly labeled original container from my pharmacist or drug store.

If my child has been designated as an independent student by their healthcare provider, I agree they can use their medication effectively and may carry and use this medication independently at any school/school sponsored activity with no supervision by school staff.

Signature (Parent or Guardian): _____ Date _____

Telephone: Home _____ Work _____ Cell _____

B. TO BE COMPLETED BY NYS LICENSED HEALTH CARE PROVIDER:

Name of Student _____ DOB _____

Diagnosis: _____

Known drug allergies: No Yes - Describe _____

List any other allergies: _____

I request that my patient receive the following medication:

MEDICATION	DOSAGE	FREQUENCY	ROUTE OF ADMINISTRATION	LEVEL OF ASSISTANCE *SEE DEFINITIONS BELOW
				<input type="checkbox"/> Independent Student <input type="checkbox"/> Supervised Student <input type="checkbox"/> Nurse Dependent Student
				<input type="checkbox"/> Independent Student <input type="checkbox"/> Supervised Student <input type="checkbox"/> Nurse Dependent Student

Duration of Treatment: _____

Possible Side Effects and Adverse Reactions (if any): _____

NYS – Level of Assistance Definitions:

Independent Student: No assistance is needed from school staff except during emergencies. May self-administer and carry medicine. A back up supply may also be kept in Health Office if desired.

I attest this student has demonstrated to me they can self-administer the medication(s) ordered above safely & effectively, and may carry and use this medication independently at any school/school sponsored activity with no supervision by school staff except in emergencies.

Supervised Student: Adult school staff trained by RN may assist student when taking medication ordered above. The medication will be kept in Health Office or with adult school staff at school/school sponsored activity (i.e. field trips).

Nurse Dependent Student: NYS RN, NP, Physician, or PA must administer medication(s). School staff may not assist student with medication.

NYS Licensed Prescriber and Title (print or stamp): _____

Physician's Signature _____ Date: _____

Address: _____ Phone: _____