

**BREWSTER CENTRAL SCHOOLS**

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY SCHOOL PERSONNEL**

The New York State Education Department Bureau of Health Services requires a physician's written order and parent or guardian's request for school-nurse teacher to administer internal medication to students

**To Be Completed by the Physician or Authorized Prescriber**

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Name of Drug \_\_\_\_\_

Frequency of Dosage \_\_\_\_\_

Method of Administration \_\_\_\_\_

Desired Effects \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Other Suggestions \_\_\_\_\_

Duration Medication Should Be Administered. From \_\_\_\_\_ to \_\_\_\_\_

**This student is both capable and responsible for self administrating this medication**

No \_\_\_\_\_ Yes-Supervised \_\_\_\_\_ Yes—Unsupervised \_\_\_\_\_

This student may carry this medication. Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Physician

\_\_\_\_\_ MD

To be completed by parent/guardian

To \_\_\_\_\_ Date \_\_\_\_\_

I hereby request that school personnel give my child \_\_\_\_\_

The medication ordered above by his/her physician.

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_