KENNEDY CATHOLIC HIGH SCHOOL

MEDICATION AUTHORIZATION FORM

As outlined in the Nurse Practice Act and provisions of the New York State Education Law, School Nurses, Principals and other school personnel cannot dispense internal medication to school children and school personnel.

When it is necessary for the child to take internal medication during school hours, the School Nurse may cooperate with the family physician and parents. In order to do this, the parent or guardian must sign and have completed the following form and return it to the School Nurse as soon as possible. Medications cannot be given unless the entire form is completed by the family physician.

IF YOUR CHILD CARRIES HIS/HER INHALER OR EPI-PEN, A SEPARATE MEDICATION RELEASE FORM MUST BE SIGNED IN *ADDITION* TO THIS FORM.

I hereby give permission for the School Nurse to administer the Medication as stated below by our Physician to my child.

_____
Child's Name Grade

( )
_____
Parent/Guardian Phone No. Parent/Guardian Signature Date

THIS SECTION TO BE COMPLETED BY THE FAMILY PHYSICIAN

_____ is to receive _____
Child's Name Medication

for _____
Diagnosis of condition

_____
Dosage and Frequency of Medication

Possible Side Effect(s) _____

Purpose of medication(s) _____

_____
Signature of Physician Date

Type or rubber stamp name and address

Telephone No. ( ) _____