

**Hastings Public Schools
Health Offices**

High School-Middle School
(914) 478-6225
Fax (914) 478-6340
27 Farragut Avenue

Hillside School
(914) 478-6280
Fax (914) 478-6279
120 Lefurgy Avenue

Hastings on Hudson, New York 10706

**PARENT AND PRESCRIBER'S AUTHORIZATION FOR ADMINISTRATION
OF MEDICATIONS IN SCHOOL**

A. To be completed by parent or guardian:

I request that my child _____ grade _____ receive the medication as prescribed below by our licensed health care prescriber.

The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse will administer the medication.

I understand that on days with delayed openings this medication will **NOT** be administered unless I call that morning to provide information as to when an earlier dose was given.

Signature (Parent or Guardian): _____

Address: _____

Telephone: Home _____ Work _____ Date: _____

B. To be completed by the licensed health care prescriber:

I request that my patient, as listed below, receive the following medication:

Name of Student _____ Date of Birth _____

Diagnosis _____

Name of Medication _____

Prescribed Dosage, Frequency, and Route of Administration: _____

Time to be taken during school hours: _____

Duration of Treatment _____

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

Other Recommendations _____

Name of Licensed Prescriber and Title (Please Print) _____

Prescriber's Signature _____ Date _____

Address: _____ Phone: _____

C. Permission for student to carry medications and self medicate:

Student's name _____ has been instructed in the proper use of the following medication _____. He/She understands the purpose, appropriate method of its administration and frequency of use.

We _____ (Physician's Signature and Date) and _____ (Parent or Guardian's Signature and Date)

request that _____ (Student's Name) be permitted to carry the medication on his/her person or to keep in his/her locker, as we consider him/her responsible.