MAHOPAC CENTRAL SCHOOL DISTRICT
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

Medication of any kind (aspirin, prescription drugs or any over-the-counter medication) cannot legally be dispensed to any child in school without a doctor's order and parental consent as per New York State Education Law Article 139.

Medications that can be taken at home, before or after school, should be given in this manner.

MEDICATIONS MUST BE RENEWED EACH SCHOOL YEAR. NO STUDENT IS TO BRING OR TAKE MEDICATION OF ANY KIND IN SCHOOL UNLESS THIS FORM IS COMPLETED. Medication must be brought to school by the parent. **MEDICATION NOT PICKED UP BY THE LAST DAY OF SCHOOL WILL BE DISCARDED**.

To comply with this law, any student seen with a medication by any school personnel will have the medication taken from him/her. School administrators and a parent will be notified.

A. **TO BE COMPLETED BY THE PARENT OR GUARDIAN:**

I request that my child _____ grade _____ receive medication as prescribed by a doctor and furnished by me in the properly labeled original prescription container. The school nurse, or other designated person, will administer the medication.

Signature (Parent/Guardian): _____

Telephone: Home: _____ Work: _____ Date: _____

B. **TO BE COMPLETED BY THE LICENSED HEALTH CARE PRESCRIBER:**

I request that my patient receive the following medication:

Name of Student: _____ Date of Birth: _____

Diagnosis: _____ Medication: _____

Dosage: _____ Frequency: _____ Time Taken in School: _____

Possible Side Effects and Adverse Reactions: _____

_____/_____
Prescriber's Signature *Date*

PHYSICIAN'S STAMP REQUIRED

Physician Name _____

Address _____

NAME ______________________________ GRADE ________ TEACHER ______________________

MEDICATION AND DOSAGE ____

TIME ______________________________ FREQUENCY ____________________________________

DATE	TIME	DOSE	SIGN	DATE	TIME	DOSE	SIGN	DATE	TIME	DOSE	SIGN