

Administration of Medication during School Day

Student Name \_\_\_\_\_ Age \_\_\_\_\_  
Home Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Class \_\_\_\_\_ Teacher \_\_\_\_\_

Dear Parents:

Only in cases of severe allergic reaction or life threatening illness, may a parent provide the staff with an Epi-Pen or benedryl medication. In order for internal medication to be taken in school, state law requires a written request from your family physician indicating the frequency and dosage of such medication.

This form must be completed and signed by both parents or guardian and your family physician to administer the medication. A new form must be filled out for each change of medication and must be renewed every six months. In addition, this form must be notarized and must accompany the Written Medication Consent form from the Office of Child & Family Services.

I. To be completed and signed by both Parents or a Guardian:

I request that the Plainview Co-operative Nursery School administer the medication as requested by my physician to my child \_\_\_\_\_.

I will supply the school with the medication in a container, professionally labeled by the pharmacist. I understand that Plainview Cooperative Nursery School will not be held responsible for any side effects or complications that the medication may render.

_____	_____
Signature Mother	Date
_____	_____
Signature Father	Date
_____	_____
Signature Guardian	Date

II. To be completed and signed by Physician:

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

- a. Name of Medication \_\_\_\_\_ Prescription No. \_\_\_\_\_
- b. Dosage (1) amount to be given \_\_\_\_\_  
(2) time to be given \_\_\_\_\_
- c. Side Effects (1) to report \_\_\_\_\_  
(2) to expect \_\_\_\_\_

_____	_____
Physician Name	Signature
_____	_____
Address	Telephone Number

On \_\_\_\_\_, before me personally, came \_\_\_\_\_, to me known, and known to me to be the individual described in and who executed the foregoing Authorization to Administer Medication, and duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Signature

On \_\_\_\_\_, before me personally, came \_\_\_\_\_, to me known, and known to me to be the individual described in and who executed the foregoing Authorization to Administer Medication, and duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Signature