

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 and / or Benadryl 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

Address

Signature

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