

Dear Parents:

We attempt to discourage administration of medication in the school. However, if your physician and you decide it is necessary for your child to receive medication during the school day, your signature and the doctor's signature along with specific directions must be provided to the school. It is recommended that the first dose of medication be administered at home.

If sending a prescription medication to school, place it in the original or a duplicate box or bottle with the current prescription label on the container. Upon request, pharmacists have labeled empty containers to be used by students at their school. For over-the-counter medication, please send it in its original packaging.

You should instruct your child concerning the importance of taking his medication as ordered. He should also know that this medication is NOT to be given to anyone else and doing so would result in the school's severest penalty. Please take this form to your physician and have him record his instructions regarding the administration of your child's medication.

\_\_\_\_\_  
Barry J. Fitzpatrick, Principal

\_\_\_\_\_  
Pamela J. Bezirdjian, RN - School Nurse

I hereby give my permission for the nurse or school personnel to administer medication during the school day to my child.

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

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**Physician's Instructions for Giving Medication in School**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Order Expires End of School Year or (date) \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Reason for Med: \_\_\_\_\_

Dose: \_\_\_\_\_ Strength: \_\_\_\_\_ Route: \_\_\_\_\_

Time to Give Medication and Frequency: \_\_\_\_\_

Possible Medication Side Effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Phone Number