

HYDE PARK CENTRAL SCHOOL DISTRICT
P.O. Box 2033
HYDE PARK, NEW YORK
Phone # 845-229-4020 Ext. 2 Fax # 845-229-2085

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

Name of Student: _____ D.O.B. _____

Address: _____ Phone: _____

School Year: _____ School: _____ Grade: _____

PART I – PHYSICIAN’S STATEMENT

Name of medication: _____

Diagnosis/Reason: _____

Dosage/amount to be given: _____

Frequency/times to be administered: _____

Duration (week, month, indefinite, etc.): _____

Anticipated reaction to medication: _____

Symptoms, side effects, etc: _____

Part II – TO BE COMPLETED BY PHYSICIAN

If inhaler or EpiPen may student self administer: Yes _____ No _____

May they carry on their person: Yes _____ No _____

Health Care Provider’s Signature

Date Signed

Print Name

Address and Phone

PART III – PARENT’S REQUEST/APPROVAL:

I hereby request and give my permission for the above-named school to administer the medication prescribed on this form to my child.

Parent’s Signature

Date Signed

Hyde Park Central School District

P.O. Box 2033

Hyde Park, New York 12538-8033

The New York State Department of Education, the Hyde Park Board of Education, and the Nurse Practice Act, regulate the administration of medication to children during school hours. Therefore, for your information:

- All medication must be prescribed by your child's healthcare provider, including non-prescription medications (over the counter)
- Written request of the parent and/or guardian for administration of the medication is required.
- Prescription medication must be in a container dispensed by your pharmacist, labeled with your child's name and exact dosage.
- Parents are requested to bring the medication to school and pick it up when it is no longer required. **Students are not allowed to carry medications on the bus unless they have permission to self carry their medication.**
- **If you wish your child to self administer and carry their medication in school the physician must complete Part II.**
- If your child requires medication at home and in school, please request the pharmacist to dispense and label in two containers.
- Over the counter medications (non prescription including creams and ointments) require permission from your healthcare provider. Parents are required to provide the medication, deliver it to school and sign the permission form.
- Medication must be picked up at the end of the school year or it will be disposed of by the school nurse.

All medication information is good for the current school year only and must be renewed each school year (this includes over the counter medication).

Please call the nurse in your child's school if you have any questions regarding these policies.