

NORTH SYRACUSE CENTRAL SCHOOL DISTRICT  
NORTH SYRACUSE JUNIOR HIGH SCHOOL  
5353 West Taft Road, North Syracuse, NY 13212  
FAX No.: 452-3096

Authorization for Dispensing Medication

The New York State Education Law prohibits the dispensing of any medication in schools without a written directive from a physician or dentist, and written parental authorization. This includes over the counter and prescription medications.

The school nurse will administer medication only under the following circumstances:

1. A written request from the parent/guardian to administer the medication has been submitted.
2. A written physician/dentist statement has been submitted indicating the name of the medication, the dosage, the frequency and method of administration and the duration.
3. The medication has been delivered directly to the school nurse by the parent/ guardian in its original container with the child's name on it.
4. Asthmatic/Allergic students who need to self-medicate and carry an inhaler for acute symptoms must have written authorization from both the student's physician and parent in their health record specifying the need to carry their inhalers.

Students who do not follow the above procedure may be subject to the disciplinary procedures of the district (see Alcohol and Drug).

If your child needs medication during school hours, please complete the following form and return it to the school Health Office with the medication. The school must have the authorization on file prior to any medication being administered. A new "Authorization for Dispensing Medication" must be completed each year and whenever the physician changes the prescription.

PHYSICIAN'S REQUEST

Date \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Dates: \_\_\_\_\_

To be Given From: \_\_\_\_\_ To: \_\_\_\_\_ Time: \_\_\_\_\_

Adverse Reactions to the Medication: \_\_\_\_\_

\_\_\_\_\_

Physician's Signature

Telephone Number

If RX is for inhaler – may this student carry and self-medicate? Yes  No

PARENT'S REQUEST

I request that the school nurse administer the medication to my child as prescribed above. In the event of an emergency, I may be reached at the following telephone number \_\_\_\_\_.

\_\_\_\_\_

Parent/Guardian Signature

Address

Date \_\_\_\_\_