

NORTH SYRACUSE CENTRAL SCHOOL DISTRICT

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. Students who require emergency medications (epi-pen, benadryl, inhaler, diabetic medications) For extracurricular activities and Sports must have written authorization from both their physician and parent stating they may self-administer and carry their emergency medications.

Medication forms can be obtained from your school's health office or website.

(Students who do not follow the above procedure may be subject to the disciplinary actions of the district (See NSCSD Drug and Alcohol Policy 5440.)

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:_____

To be Given From:_____ To:_____ Time:_____

Adverse Reactions to the Medication: _____

Physician's Signature Telephone Number

If this prescription is for emergency medication or an 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 can be reached at the following telephone number_____.

Parent/Guardian Signature Date