

PERU CENTRAL SCHOOL HEALTH SERVICES

DEAR PARENT:

In accordance with the New York State Law, the listed guidelines below are to be followed by school nurses and school nurse teachers in the administration of medication to students at school.

1. There must be a written order from the prescribing physician which states the name of the child, medication to be given, the purpose of the medication, time and dosage to be administered as well as the physician's signature.
2. There must be a written request from the parent or guardian to administer the medication while the student is at school.
3. The medication must be delivered to school by a responsible person.
4. The medication must be brought to school in the original prescription bottle. If the medication is an "over-the-counter" then it is to be brought to school in the original container also.
5. In the event your child will be attending a school field trip or after school activity, the parents are responsible for providing a duplicate medication bottle with current prescription label or label to the nurses' office prior to the trip or activity.

PARENTAL PERMISSION FOR MEDICATION ADMINISTRATION

Date _____

I, _____ give permission for my
daughter/son, _____ to receive medication as
prescribed by his/her physician.

**

(Parent or Guardian Signature)

(Work or Home Phone)

PHYSICIAN'S MEDICATION ORDER

Date _____

Student : _____

The above named student is to be administered _____
(name of medication)

for the condition of _____. A dose of _____;
(mgs or amount)

_____ should be administered at _____ o'clock at school.
(route) (time)

This order is valid for the school year 200_ - 200_.

(Physician's Signature)