

**PERMISSION FOR ALL MEDICATIONS**  
**Physician and Parent/Guardian Signatures Are Required\***

The school nurse (or administrator's designee) will administer medication to your child during school hours, day trips or overnight trips. We require that this form be completed and returned to the attention of the School Nurse at the Lower School or Upper School Health Office.

**\*PHYSICIAN SIGNATURE IS REQUIRED HERE** (This includes insulin and pumps, glucagon or growth hormone injections, asthma inhalers, ADHD and all other medications as well as any over-the-counter medications-Tylenol, Advil, Tums, or Benadryl)

Student: \_\_\_\_\_

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

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency \_\_\_\_\_

Dates for Administration: Begin: \_\_\_\_\_ End: \_\_\_\_\_

If PRN signs/symptoms: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

**EXCEPTION:**

**This student is self-directed and permitted to carry and administer his/her own prescribed medication as follows: insulin injection, insulin pump, growth hormone injection, Epi-Pen or asthma inhaler**

M.D. name, address, and tel. no.: *(Please Print)*

\_\_\_\_\_  
NYS. Reg. # \_\_\_\_\_ Date: \_\_\_\_\_

MD Signature: \_\_\_\_\_

**\*PARENT/GUARDIAN SIGNATURE IS REQUIRED HERE**

I hereby request that the school nurse (or administrator's designee) administer medication as prescribed by my child's physician.

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Parent's/Guardian's daytime telephone number: \_\_\_\_\_

**Please notify me before administering any over-the-counter medication:** \_\_\_\_\_

**EXCEPTION:**

**This student is self-directed and permitted to carry and administer his/her own prescribed medication as follows: insulin injection, insulin pump, growth hormone injection, Epi-Pen or asthma inhaler**

I hereby release the Board of Education and employees of Solomon Schechter School of Westchester from any and all liability arising from the administration of this medication

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**IMPORTANT:** All prescription medication must be in its original pharmacy container. Over-the-counter medication needs to be labeled with the student's name. A parent or guardian must deliver and take home the medications.