

Permission to Administer Medications in School

This form, signed by both the health care provider and the parent/guardian, must be completed annually before the start of school. This form will:

- authorize the school nurse to administer any medication whether taken as needed, routinely, or occasionally, and includes both prescription and over-the-counter medication. For instance, the nurse may provide medication such as Tylenol, Advil, Tums, or Benadryl, if warranted.
- provide or deny permission for the carrying and self-administration of medication such as insulin injection, insulin pump, growth hormone injection, Epi-Pen or asthma inhaler

Student's name: _____ Date of Birth: ____/____/____ Grade/Class: _____

Diagnosis: _____

Medication: _____

Dose: _____ Frequency: _____

Dates for Administration: Begin: _____ End: _____

If PRN signs/symptoms: _____

Possible side effects: _____

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.

This student is NOT permitted to carry or administer his/her own medication.

Health Care Provider

Provider's name: _____

Address: _____

Phone: _____ N.Y.S. Reg. # _____

Provider's signature: _____ Date: ____/____/____

Parent/Guardian

I hereby request that the school nurse administer medication as prescribed by my child's physician.

Please notify me before administering any over-the-counter medication. OR

I authorize the school nurse to administer over-the-counter medication without prior notification.

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 in accordance with the signed SuperForm on file for this student.

Parent/Guardian's signature: _____ Date: ____/____/____

Parent/Guardian's daytime phone: _____

IMPORTANT: All prescription medication must be in its original pharmacy container. A parent or guardian must deliver and take home the medications.

Parents/guardians may attach a digital copy of this to the student's SuperForm or email it to the school nurse.

Lower School: LSNurse@schechterwestchester.org Upper School: USNurse@schechterwestchester.org