

CITY SCHOOL DISTRICT OF ALBANY
BUREAU OF HEALTH AND PHYSICAL EDUCATION

MEDICATION PERMISSION

SCHOOL

DATE

Dear Parent/Guardian,

School personnel are often asked to give medicine to children during school hours. Many medicines can be taken effectively outside school hours. If your doctor feels it is necessary for medication to be administered in school, the following steps must be taken for both prescription and over the counter medications.

1. Submit a written order to administer medication in school from your child’s physician. The order must include:

- The child’s name and diagnosis
- The medication, dose, time, frequency, and duration of administration
- The name and phone number of the physician

2. Submit your written request that medication be administered to your child in school as ordered by his/her physician.

3. Deliver your child’s medication directly to the Health Office in the original, properly labeled container.

Prescription Medication - Labels should display:

- The student’s name
- The name and phone number of the pharmacy
- The doctor’s name
- The name, dose, frequency, and route of administration of the medication
- Other necessary directions

Over the Counter Medication - Medications must be in the original manufacturer’s container with the student’s name affixed to the container. The same applies to drug samples.

Medications should not be transported daily to and from school. Parents/guardians should ask the pharmacist for two containers, one to remain at home and one at school. Medications must not be transported to school by students on school buses. This presents a danger to all students. Students may not carry medication on their person during the school day.

If you have any questions regarding the administration of medication in school, please contact the School Nurse. Please utilize the back of this form for the mandatory physician’s order and parent’s/guardian’s written permission.

Principal

School Nurse

Telephone Number

PHYSICIAN'S MEDICATION ORDER

_____ has been under my care for
 Student's Name _____
 Condition or Diagnosis _____ S/he may attend school, but must take
 Medication _____ This medication cannot be taken
 effectively outside school hours. Please administer the medication in school as follows:

Dose: _____ Route: _____ Frequency: _____ Duration: _____

Special Instructions: _____

 Doctor's Name (Print)

 Doctor's Signature

 Date

 Telephone Number

PARENT/GUARDIAN PERMISSION

I have read and understand the front of this form. I hereby grant permission for my child to receive _____ as directed by his/her physician.
 Medication

 Date

 Parent/Guardian (Signature)

 Telephone Number