

Yorktown Central Schools
Yorktown Heights, New York

Medication Request Form

Student's Name: _____ Grade: _____

Home Address: _____

When your child's physician feels that medication is necessary during the school day, you are asked to follow certain procedures. School nurses cannot administer medication to students without a written order from a physician. Therefore, you are requested to provide:

1. A written note from you, the parent or guardian; *(Part I below)*
2. A written order from your physician or other health care provider including the information shown on this form; *(Part II below)*
3. A new physician's order for each new medication or any change in medication dosage, time of administration, etc.;
4. A new medication order at the beginning of each school year;
5. Bring the medication to school in the prescription bottle, or original packaging if it is an over-the-counter medication.

Students are at no time allowed to carry medication of any kind on their person, or to take medication without official written direction (from physician **and** parent), or to take medication without supervision unless special arrangements are made with the school nurse. Students **are** permitted to carry and self-administer metered dose inhalers with the written permission of their physician, parent/guardian, **and** submission of written permission to the school nurse. Please call your school nurse with any questions.

I. TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN: Date: _____

I hereby give permission for the medication to be administered to my child as stated below:

Student's Name Grade/Teacher

Parent's Daytime Telephone Parent's Signature

II. TO BE COMPLETED AND SIGNED BY HEALTH CARE PROVIDER: Date: _____

_____ is to be given _____

Student's Name Medication

for _____

Diagnosis/Condition

Dosage and Frequency of Medication

Possible Side Effects _____

Purpose of Medication _____

Health Care Provider's Telephone Health Care Providers Signature