

MONTAUK UNION FREE SCHOOL DISTRICT

50 SOUTH DORSET ROAD
MONTAUK, NEW YORK 11954-5057
TELEPHONE/TTY: 631-668-2474
FAX: 631-668-1107

MEDICATION REQUEST FORM

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 1 below)
2. A written order from your physician or other health care provider, to include all information stated in Part 2.
3. A new physicians order is needed at the beginning of each school year.
4. Medication is to be brought to the nurse's office by an adult, in the original container or package, with the child's name clearly on it.
5. Students are not allowed to carry any medication of any kind on their person without a written directive from both the physician and the parent.

PART I

TO BE COMPLETED & SIGNED BY PARENT OR GUARDIAN

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

Student's

Name _____ Grade _____

Home Address: _____

(Parent's Signature)

(Date)

(Daytime telephone number)

Part II

TO BE COMPLETED & SIGNED BY HEALTH CARE PROVIDER

_____ is to be given _____
(Student's name) (Name of Medication)

_____ for _____
(Dosage and frequency of medication) (Diagnosis/Condition)

Possible side effects: _____

(Health care provider's signature)

(Telephone number)

(Printed name of health care provider)

(Address)