

# Monticello Central School District

## Permission for the Administration of Medication in School

The New York State Education Department requires a written order from a duly licensed New York State prescriber and written parental permission to administer the medication is required. All medications, including non-prescription drugs, required in school must be prescribed by a licensed prescriber.

All medication must be properly labeled by the pharmacist including the name of the child, name of drug, dosage, time of administration and date. It is the responsibility of the PARENT to deliver medication to the school nurse. Children are NOT permitted to bring their own medication to school. **Over the counter medications must be in the original manufacturer's container/package with the student's name affixed to the container. The same applies to drug samples, and herbal supplements.**

### PHYSICIAN'S ORDERS FOR THE DISPENSING OF MEDICATION IN SCHOOL

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_  
Medication: \_\_\_\_\_

**FOR ALLERGIC REACTIONS: TREATMENT SHOULD BE INITIATED**  
\_\_\_\_\_ **WITH SYMPTOMS** \_\_\_\_\_ **WITHOUT WAITING FOR SYMPTOMS**

Dosage: \_\_\_\_\_  
(If insect sting kit, indicate dose of each medication)  
Time: \_\_\_\_\_ Side Effects: \_\_\_\_\_

Duration of time medication is to be given: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician Signature of Physician

\_\_\_\_\_  
Telephone Number Address of Physician

\_\_\_\_\_  
Date NYS License # NPI #

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**Parent/Guardian Permission for the Dispensing of Medication**

I hereby give my permission to school personnel for the administration of the above Medication to my child \_\_\_\_\_.

\_\_\_\_\_  
Parent's Signature Telephone # Date

**NOTE: A SEPARATE FORM (SELF-ADMINISTRATION RELEASE FORM) MUST BE COMPLETED FOR STUDENTS REQUESTING PERMISSION TO CARRY THEIR OWN INHALER OR EPIPEN. A SELF-DIRECTED STUDENT RELEASE FORM MUST BE COMPLETED FOR FIELD TRIPS.**