NEW SHOREHAM SCHOOL DEPARTMENT

Authorization for Medications to be Taken During School Hours
(Pharmacy-Labeled Containers Only)

Child's Name ______________________________ M _____ F _____

DOB ____________________ Grade/Teacher ____________________

Physician's Name/Address ______________________________

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To be completed by the **PARENT/LEGAL GUARDIAN**:
I hereby consent to the School Nurse giving my child the medication ordered below by the prescribing physician in accordance with the New Shoreham School Department's Medication Policy GN.

Date ____________________ Parent/Guardian ____________________

Home Phone ____________________ Emergency Phone ____________________

To be completed by the **Physician**:
Diagnosis for which medication is given: ______________________________

Name of Medicine ____________________ Dosage ____________________

Method of Administration ______________________________

If medicine is to be given **daily**, at what time? ______________________________

If there is any reason why the medication must be given at a specific time and not the present standard flexibility of 1/2 hour please specify. ______________________________

If medicine is to be given "**when needed**" describe indications: ______________________________

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How soon can it be repeated? ______________________________

List significant side effects. ______________________________

Length of time this is ordered. ______________________________

Is child authorized to medicate him/herself?* ______________________________
(Self-medication applies only to inhalers and Epi-pens and is at the School Nurse's discretion.)

Additional Information ______________________________

Date ______________ Physician's signature ______________________________

Date ______________ Received by School Administrator ______________________________

***NOTE**: In the event the School Nurse is not present when your child may incur an identified acute allergic reaction, his/her Epi-pen/Epi-pen Jr. will be immediately administered by an adult present. The 911 EMS system will also be initiated at this time. It is not possible to follow a medication administration order prescribing Benadryl prior to Epi-pen by anyone other than the School Administrator.