## Seton Catholic School/Peru Central School District Daily or As Needed Medication Release Form

## **Dear Parent or Guardian:**

In accordance with the New York State Law, the listed guidelines below are to be followed by School Nurses/School Nurse Teachers in connection with the administration of medications to students at school.

- 1. There must be a written order from the prescribing physician which states the name of the child, medication to be given, the purpose of the medication, time and dosage to be administered as well as the physician's signature.
- 2. There must be a written request from the parent or guardian to administer the medication while the student is at school.
- 3. The medication **MUST** be delivered to school by a responsible person.
- 4. The medication **MUST** be brought to school in the original prescription bottle. If the medication is an "over-the-counter" then it is to be brought to school in the original packaging with the student's name written on the container.
- 5. The parent or guardian is responsible for notifying the school in writing if any changes are to be made in the administration of medication to their child.

## PARENTAL PERMISSION FOR MEDICATION ADMINISTRATION

<b>,</b>	give permission for my daughter/son,		
	to receive medicat	ions as prescribed	d by his/her physician.
**			
(Parent or Guardian Signature)		Work/Home/Cell Phone	
PRIMARY	CARE PROVIDER	MEDICAT	ION ORDER
tudent:		Date	
he above named stu	dent is to be administered		
		•	f medication)
for the condition of		A dose of _	(mgs or amount)
(route)	should be administered at	(time)	o'clock at school for
	Thank you.		
(length of tim	ne)		
	<del></del>	Primary Care I	Provider's Signature

Questions? Please call the Nurse's Office at (518) 561-4031.

<sup>\*\*</sup>My signature authorizes Seton Catholic School Health Services to share medical information relating to my child. Per the HIPPA Law, only the "minimum necessary" faculty/staff will be provided information and instructed to keep it CONFIDENTIAL.