

## MEDICATION AUTHORIZATION FORM

**As outlined in the Nurse Practice Act, and provisions of the NY State Education Law, School nurses, principals, and other school personnel cannot dispense any medication to children without permission.**

**When a child needs medication of any kind, whether it is prescription or over-the-counter, to be taken internally or externally, we need written permission from both the child's doctor and the parent in order to give it.**

### Parent permission – to be completed by parent

I hereby give permission for the school nurse to administer the following medication to my child as stated below by our physician.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Medication \_\_\_\_\_

Parent's phone number \_\_\_\_\_ Parent's Signature \_\_\_\_\_

### Physician Permission – to be completed by the family Physician

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis/Purpose of Medication \_\_\_\_\_

Medication \_\_\_\_\_

Dose and frequency \_\_\_\_\_

Possible side effects \_\_\_\_\_

\_\_\_\_\_  
Signature and Stamp of Physician

Phone \_\_\_\_\_