

WEBUTUCK CENTRAL SCHOOL DISTRICT

PO Box 405, Amenia, NY 12501

Millerton Elementary Webutuck Elementary Brooks Intermediate Webutuck Jr.Sr. High
(518) 789-8040 (845) 373-4122 (845) 373-4114 (845) 373-4106
Fax (518) 789-8041 Fax (845) 373-4113 Fax (845) 373-4113 Fax (845) 373-4113

PHYSICIAN AUTHORIZATION FOR MEDICATION AT SCHOOL

The school nurse or other personnel cannot legally diagnose, prescribe, or treat. If it is necessary for a child to receive medication during school hours, the following physician and parental permission form must be completed and returned to the school. The medication must be brought to the school by a parent or guardian in the original labeled container. The physician order, parental permission and medication are valid for the current school year only.

PHYSICIAN'S ORDER:

Name of Child _____ DOB _____

Name of Medication _____

Dosage _____ Time of Administration _____

Condition for which medication is being given _____

Relevant side effects to be observed _____

Length of time during which medication shall be administered:

From: _____ To: _____

Date _____ Signature of Physician _____

Phone Number _____ Address _____

Parental/Guardian Permission

Authorization from a parent/guardian concerning the administration of medicines by school personnel.

Name of School: _____

I request that school personnel give my child _____
(Student's Name)

the above medication as prescribed by the physician.

Signature of Parent/Guardian _____ Date _____

Phone Number _____ Address _____

