

Jamesville DeWitt High School

6845 Edinger Drive
P.O. Box 606
DeWitt, NY 13214



MEDICATION AUTHORIZATION FORM

FAX: 251-2304 PHONE: 445-8329

Student Last Name _____ First Name _____ Grade _____ Date of Birth _____
School year _____ Weight _____

Medications Provided by *School*:

Parent; please **check** the boxes of those items you permit your child to receive from the nurse. **Sign and date** the form at the bottom. **Send/bring the form to the child's primary care provider to sign and date.** Please return this form to the school as soon as it is completed. It can be faxed, hand carried or mailed.

- Acetaminophen: 325mg - 650mg** by mouth every 4 hours as needed for headache, pain, menstrual cramps or fever.
- Ibuprofen: 200mg - 400mg** by mouth every 6 to 8 hours as needed for headache, pain, menstrual cramps or fever.
- Menthol Cough Drop** 1 by mouth every 2 hours as needed for temporary relief of occasional minor throat pain and dry scratchy throat.
- Bacitracin Antibiotic Ointment** apply to skin as needed to help prevent infection in minor cuts, scrapes, and burns after cleansing with soap and water.
- Calamine Lotion** apply to skin as needed for bug bites, dry poison ivy/oak lesions, dry eczema, hives, and dry itchy red rashes after soap and water.

Other Medications– Please write specific order with medication name, dose, route, reason for administration. “Other” medications are to be provided by **PARENT** in **ORIGINAL STORE CONTAINER** and kept in the Health Office

If an inhaler is ordered, please indicate whether the student can self-carry and administer, especially for sports

Parent Signature _____ Date _____

Healthcare Provider Signature _____ Date _____

Healthcare Provider Name Printed or Stamped _____ Phone number _____

****BOTH A PARENT AND HEALTH CARE PROVIDER SIGNATURE ARE REQUIRED**.** Medications will not be administered without both signatures.

Dear Parent/Guardian:

The school nurse is responsible for the management and supervision of medication administration to students per guidelines set forth by the NYS Education Department. Students may not carry or self-administer any medication, with the exception of inhalers and EpiPens.

In order for a school nurse to administer any medication (including Over-the-Counter medication) to an individual student, a written signed order is required from his/her licensed prescriber as well as a signed permission from the parent/guardian such as a doctor, dentist, or practitioner.

Parents/guardians are responsible for complying with the following guidelines set forth by the NYS Education Department which enables the nurse to administer medications to students:

- Provide the School Nurse with a signed written authorization from the licensed prescriber which includes the name, dosage, route, frequency, and time of medication.
- Provide the School Nurse with a signed written authorization from the parent/guardian.
- The district has a stock supply of all of the medication on the front of this form. Any additional medication you would like your child to have during the school day must be delivered to the Health Office by an adult in the original pharmacy or store container. A second pharmacy labeled bottle is necessary for field trips.
- Each medication and any change in medication (dosage, frequency, etc...) must be accompanied with a new authorization from the licensed prescriber and the parent/guardian.
- All medications must be kept in the Health Office and administered under the supervision of the School Nurse.
- A special authorization from the licensed prescriber and the parent/guardian is required for any student who needs to carry and self-administer a medication such as an inhaler or EPIPEN™.
- Medications must be picked up from the Health Office at the completion of classes each June by an adult.

We hope that these guidelines will help us to comply with the expectations of the New York State Education Department regarding medication administration in school. If at any time you have questions regarding these guidelines please contact the School Nurse.

Thank You,

Jamesville-DeWitt High School Nurse

Phone: (315) 445-8329

Fax: (315) 251-2304