

SCHOOL HEALTH SERVICES



Medication Authorization Form

PLEASE READ CAREFULLY:

As outlined in the Nurse Practice Act and Provisions of the State Education Law, School Nurses, Teachers, Principals and other school personnel cannot dispense internal medications such as Tylenol, Advil, etc. to school children.

Therefore: When it is necessary for a student to take internal medication during school hours, the nurse must have written directive from the doctor. This includes any over-the-counter medications. In order to do this, the parent and physician must sign and complete the following form and return it to the school nurse. All medication presented to the nurse, prescription or non-prescription, must be sent to the school in its original container.

STUDENT NAME: _____ DOB: _____ WEIGHT: _____

Drug	Route	Dosage	Schedule	Dr. Order	Comments
Tylenol	PO, chewable, elixir, tabs	Per label instructions age/wt	q4h for pain or fever	Yes/No	
Ibuprofen	PO, tabs, elixir	Per label instructions age/wt	q4-6h for pain or fever	Yes/No	
Maalox Pepto-Bismol	PO	Per label instructions age/wt	q4h for nausea or stomachache	Yes/No	
Cepacol Lozenge	PO		PRN for cough or sore throat	Yes/No	
Midol		Per label instructions age/wt		Yes/No	
Asthma Meds 1. 2. 3.				Yes/No	
Benadryl		Per label instructions		Yes/No	
Epi-pen		Per label instructions		Yes/No	

Doctor's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____