

**ARDSLEY UNION FREE SCHOOL DISTRICT
SCHOOL HEALTH SERVICES**

MEDICATION AUTHORIZATION FORM
Health Office Phone Number: 914-693-7513

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 any internal medications to school children without a written directive from both the physician and the parent. When it is necessary for a student to take internal medication, including any over-the-counter medication, during school hours, the nurse must have a written directive on file. If your child needs any of the following medications to be administered during the school day, the parent and physician must complete and sign the following form and return it to the nurse. ***All medications, prescription or non-prescription, must be brought to the health office by the parent in its original container. A new form needs to be submitted each school year dated from September to June.***

STUDENT NAME _____ **DOB** _____ **WT** _____

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	q4h for pain or fever	Yes/No	
Tums	PO	Per MD instructions	For stomach ache	Yes/No	
Halls lozenge	PO	Per label instructions	PRN for cough or sore throat	Yes/No	

DOCTOR'S SIGNATURE: _____ **DATE** _____

Parent's Signature: _____ Date _____

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