

# Miller Place Union Free School District

**Miller Place HS**  
 15 Memorial Drive  
 Miller Place, NY 11764  
 Health Office 631-474-4317  
 Fax: 631-331-4093

**North Country Rd Middle School**  
 191 North Country Rd  
 Miller Place, NY 11764  
 Health Office 631-474-7258  
 Fax: 631-474-0362

**Laddie A Decker**  
**Sound Beach School**  
 97 North Country Rd  
 Miller Place, NY 11764  
 Health office 631-474-2721  
 Fax 631-331-4342

**Andrew Muller Primary**  
 65 Lower Rocky Point Road  
 Miller Place, NY 11764  
 Health Office 631-474-2717  
 Fax 631-474-4738

## PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL AND SCHOOL ACTIVITIES

**A. To be completed by the parent or guardian:**

I request that my child \_\_\_\_\_ DOB \_\_\_\_\_ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy\*.

Signature (Parent or Guardian): \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Date \_\_\_\_\_

**B. To be completed by physician:**

I request that my patient, as listed below, receive the following medication:

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis: \_\_\_\_\_

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISTRATION

Duration of Treatment: \_\_\_\_\_

Possible Side Effects and Adverse Reactions (if any): \_\_\_\_\_

\_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physician's Stamp Required**

- \* Medication must be in original pharmacy labeled container with specific orders and name of medication.
- \* Medication and refills must be brought to school by parent, guardian or responsible adult.