

North Country Road Middle School

191 North Country Road

Miller Place, NY 11764

Health Office Phone: 631-474-7258

Fax: 631-474-0362

PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL OR SCHOOL SPONSERED TRIPS

A. To be completed by the Parent or Guardian:

I request that my child _____ receive the medication as prescribed by my physician. **The medication is to be furnished by me in the properly labeled original container from the pharmacy** that the school nurse or other designated person will administer.

Signature (Parent/Guardian): _____

Date _____

Home Phone #: _____ Cell #: _____

B. To be completed by the Physician:

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

Name of Student: _____ Date: _____

Diagnosis	Medication	Prescribe dosage, frequency & route	Duration of Treatment

Other recommendations: _____

Name of Physician _____

Phone #: _____ (Please print)

Signature: _____

MUST HAVE PHYSICIANS STAMP TO BE VALID