Homer Central School District
P.O. Box 500
Homer, N.Y. 13077

Medication Authorization Form

To: Physicians and parents of children requiring medication in school

If it is necessary for your child to take medication during school hours, it is requested you use the form below and return it to the nurse's office in your child's school. This information is needed to assure the proper administration of the medication to your child. Any medication taken by your child during school hours must be left with the school nurse. Your pharmacist may provide you with two containers, one for school and one for home.

Physician: Please complete

Please dispense the following medication to _____ during school hours.
(Name of child)

Name of medication_____

Dosage, Time_____

Reason for medication/diagnosis_____

_____Dates to be given/discontinued

Or (please fill in only one)

_____Effective throughout school year

Yes_____ No_____ Student may self carry asthma inhaler (this is the only med students can self-carry per NYS law)

_____ _____
(Physician Signature) (Date)

Parent: please complete

I request that school health personnel administer the prescribed medication to _____
(Name of child)

Child's birthdate_____ Date_____

Grade_____ Known allergies_____

Parent Signature_____