



Bay Shore Union Free School District

Peter V. Di...
Supervisor of Schools

BROOK AVENUE SCHOOL

45 Brook Avenue, Bay Shore, New York 11706

Health Office Phone (631) 968-1133 Fax (631) 968-1706

REGINA VORWALD, Principal

CAROL DWORKIN, Assistant Principal

Parent and Prescriber's Authorization for Administration of Medication in Schools

A. TO BE COMPLETED BY THE PARENT OR GUARDIAN:

I request that my child _____ in grade _____ receive the medication _____

the absence of the school nurse will administer the medication to a designated person in the case of

Address _____

Home telephone _____

Work Telephone _____

B. TO BE COMPLETED BY THE LICENSED HEALTH CARE PROVIDER:

The following information may be used to determine if the medication is appropriate for use in school (please print all information)

Name of student: _____ Date of Birth: _____

Diagnosis: _____ Name of Medication: _____

Prescribed dosage, frequency, and route of administration: _____

Time to be taken during school hours: _____ Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other recommendations: _____

NAME OF LICENSED PRESCRIBER AND TITLE (Please Print): _____

D. _____

Address: _____

Phone: _____

Physician's Stamp:

SELF-MEDICATION RELEASE FORM

The above named child has been instructed in the proper use of the following medication _____

We _____ and _____

Physician's Signature