

Au Sable Valley Central School District

Health Office Contacts:

Au Sable Valley Middle High Phone: 834-2820 Fax: 834-5325
Au Sable Forks Primary Phone: 647-5502 Fax: 647-8471
Keeseville Elementary Phone: 834-2839 Fax: 834-2857

Authorization for Administration of Medication in School

The New York State Department of Education and AVCS require that all students who **need** medication **during school hours** provide the following:

- 1. Written orders from the physician directing the nurse to give medication.**
- 2. Written consent signed by the parent/guardian.**
- 3. Medication in the original bottle delivered by the parent/guardian.**

Part A. To be completed by parent/guardian

I request that my child _____, grade _____, be given the medication as prescribed below by our licensed health care provider. **The medication will be delivered to school by me in the properly labeled, original container from the pharmacy.** I understand that the school nurse, or other designated person in case of the absence of the school nurse, will administer the medication.

Parent/Guardian Signature **X** _____ Date _____
Home phone _____ Work phone _____ Emergency Contact _____

Part B. To be completed by licensed health care provider

I request that my patient receive the following medication:

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 provider _____ Title _____

Provider's Signature **X** _____ Date _____

Address: _____ Phone _____