

SYRACUSE CITY SCHOOL DISTRICT

REQUEST FOR ADMINISTRATION OF MEDICATION DURING SCHOOL DAY

Student's Name: _____ Grade: _____

Home Address: _____ School : _____

Dear Parent or Guardian:

Every effort should be made to administer medication at home, as it does represent a disruption in the student's school day. However, if your physician feels that medication is necessary during the school day, please submit this completed form before medication is sent to school.

A new form must be filled out for each change of medication or dosage and renewed each school year. State law does permit administration of medication during the school day only with written directions from the physician and parent. In some instances, approval by the school physician may be required.

Students are at no time allowed to carry medication of any kind on their person, or to take medication without official written directive (from physician and parent) or to take medication without supervision.

School Nurse

I. TO BE COMPLETED BY PARENT OR GUARDIAN

I request the school nurse to administer the medication as described below by my physician to my child (name) _____ . I will supply the school nurse with the medication prescribed below in the original container, or a duplicate professionally labeled by the pharmacist for this purpose.

Date _____ Signature _____

Relationship _____

II. TO BE COMPLETED AND SIGNED BY PHYSICIAN

Student's Name _____

Diagnosis _____

A. Name of medication _____

B. Dosage

(1) Amount to be given _____

(2) Time to be given _____

C. Side effects:

(1) To report _____

(2) To expect _____

D. Is child authorized to carry medication and self-administer on field trips? _____

PHYSICIANS NAME (PLEASE PRINT) _____

PHYSICIAN SIGNATURE _____

TELEPHONE # _____ DATE _____

SYRACUSE CITY SCHOOL DISTRICT

SOLICITUD PARA LA ADMINISTRACION DE MEDICINAS DURANTE EL DIA ESCOLAR

Nombre del estudiante _____ Grado _____

Direccion residencial _____

Estimado padre o encargado:

Todo esfuerzo debe ser hecho para administrar la medicina en el hogar, ya que esto representa una interrupcion en el dia escolar del estudiante. Sin embargo, si su medico piensa que la medicina es necesaria durante el dia escolar, por favor someta esta forma antes de enviar la medicina a la escuela.

Una forma nueva debe ser completada para cada cambio de medicina y re novada cada ano escolar. La ley del estado permite la administracion de medicinas durante el dia escolar solo con direcciones del medico y padres. En algunos casos, la aprobacion del doctor de la escuela es reguerida.

A los estudiantes no se les permite traer medicinas de ninguna clase, o tomar medicinas sin la sutorizacion oficial escrita (del medico o padre) o tomar medicinas sin supervision.

Enfermera escolar

I. A ser completado por el padre o encargado

Yo pido que le enfermera escolar le administre la medicina como es descrita abajo por mi medico a mi hijo/a (nombre) _____ yo suplire' a la enfermera escolar con la medicina prescrita abajo en el envase original, o un duplicado profesional de la etiqueta por el farmaceutico para este proposito.

Fecha: _____ Firma: _____

Relacion: _____

II. Para ser completado v firmado por el medico

Nombre del estudiante _____

Diagnosis _____

A. Nombre de la medicina _____

B. Dosis

1. Cantidad a ser dada _____

2. hora a ser dada _____

C. Efectos secundaries

(1.) a informar _____

(2.) que se esperan _____

Firma del medico _____