



FRANKLIN SQUARE UNION FREE SCHOOL DISTRICT

**DISTRICT OFFICES: Washington Street School
760 Washington Street, Franklin Square, NY 11010-3898**

*FOUNDATION
for **SUCCESS***

REQUEST FOR ADMINISTRATION OF MEDICATION IN SCHOOL

Date: _____

I hereby request and authorize that the Registered School Nurse give my child, _____,
the medication prescribed by Dr. _____.

The name of the medication is _____.

The time(s) it is to be given is/are _____.

The dose to be given is _____.

The reason for the medication is _____.

My child's physician's or nurse practitioner's orders are attached.

I understand that all children who take medication should be taught to be self directed in administering their own medication. Further, I understand that when my child is scheduled to attend an educational field trip, the following options will be considered:

1. This child is capable of self directed administration of medication, or
2. The parent/guardian may attend and administer the medication, or
3. The parent can personally request another adult who is not employed by the school to voluntarily administer the medication - and inform the Principal, in writing, of this fact - or
4. The student's health care provider can be consulted and may order the medication time to be adjusted or the dose eliminated.

By permitting the administering of prescribed medicines to my child as outlined above, I , for myself and my child, expressly release the Franklin Square School District and its personnel of any liability which might arise from such administering the prescribed medicine to my child.

I expressly waive any right of action against the Franklin Square School District, or its personnel, arising out of any injury, damage, hurt or impairment, of either a physical or mental nature which might result directly or indirectly from the administering of such prescription medicines to my child by the Franklin Square School District or its personnel.

(Parent Signature - Date)

Notification: (School Nurse Signature - Date)

Approved: (School Medical Officer - Date)

File this information in Nurse's Office.

Medication is kept in separate locked drawer/Msbdpol5420MedParLtr2012

