

Authorization for Administration of Self-Directed Medication Grades 3-12 CHENANGO FORKS CENTRAL SCHOOLS

Check all that apply. We supply these medications or you may bring your own. (6th – 12th grades)

- Ibuprofen/Advil 200 mg. 1 or 2 tablets every 6 hours as needed for discomfort.
- Acetaminophen/ Tylenol 325 mg. 1 or 2 tablets every 4 hours as needed for discomfort.
- Natural Tears for dry irritated eyes per package directions.
- Cough drops for sore throat as needed. Use per package directions.

INHALERS: Medication _____ dose: _____ Frequency: _____

Nurse dependent: yes no Supervised: yes no Independent: yes no

Other info: _____

List any other prescription or over the counter medication, your child will need at school.

Provide name of medication, dose, frequency, time to be given in school. Include diagnosis/ reason for administering. Parent or guardian will need to supply the medications listed below.

Parents / guardians need to bring all medications to school. Students are NOT permitted to carry medications **except** INHALERS or EPI PENS ordered by their provider. Epi pen has a separate form to be filled out.

To the School Nurse:

I request that my child _____, date of birth _____, and Grade _____ receive the medication as listed above and prescribed by the health care provider. He/she has been instructed in, and understands, the purpose and appropriate method and frequency of use of these medications.

I understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication.

This authorization shall be for the **2018-19** school year and shall remain in effect for 1 year after the date signed unless the school nurse receives written revocation of this authorization.

This form <big>MUST</big> be signed by YOUR licensed health care provider in addition to parent/guardian.	_____ <i>Parent or Guardian or Signature</i>	_____ Date
	_____ <i>Licensed Health Care Provider's Signature</i>	_____ Date
	_____ Licensed Health Care Provider Print Name	

My student has permission to carry and apply **sun screen** that I will provide. _____
Parent or guardian signature