# SACKETS HARBOR CENTRAL SCHOOL

## Health Office: 315-646-3419 Fax: 315-646-1426

*From the School Nurse:*
*Mrs. Johannessen RN, BSN*

*ANNUAL MEDICATION NOTICE:*

Dear Parent/Guardian:

If you anticipate your son/daughter will need medication (this means prescription and non-prescription medication including inhalers needed for gym, band or sports practices and athletic events) in school, please complete the attached paperwork and give to your child's private physician to complete.

Doctor orders for medications must be renewed each school year. This request is to meet the State Education Department guidelines for the safe administration of medications in school.

All medications, whether they are **prescription or non-prescription / over the counter**, that are to be administered at school must have a doctor's order and the medication must be in its original container.

Please return this completed form including the completed parent permission portion to the School Nurse on the first day of school in September *and/or before the first sport practice*. If you and your physician have completed the second sheet form for the student to self-carry and to self-administer his/her medication, the student may do so. This form must be returned at the time the other medication form is returned. This is especially important for students with an Epi-Pen or an inhaler(s). **Students are not allowed to transport any medications (prescription or non-prescription / over the counter) to or from school unless they are self-carry / self- administer.**

Additionally, please keep in mind that field trips (extended day trips and overnight field trips) may also require more medications not usually given during the normal school day. Please contact the School Nurse for further discussion on meeting your child's need.

Please feel free to contact the School Nurse (646-3419) or Mrs. Jennifer Gaffney, building principal if you have further questions: 646-3575, 646-1029.

Sincerely,

Mrs. Jennifer Johannessen RN, BSN

Revised 6/2016

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**PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL AND SCHOOL ACTIVITIES**

**A. To be completed by the parent or guardian:**

I request that my child _____DOB _____ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the **properly labeled original container from the pharmacy*.**

**PLEASE CHECK**:

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

Signature (Parent or Guardian): _____ Date _____

Telephone: Home _____ Cell _____ Work _____

**B. To be completed by physician:**

I request that my patient, as listed below, receive the following medication:

Name of Student _____ DOB _____

Diagnosis _____

| MEDICATION | DOSAGE | FREQUENCY/TIME TO BE TAKEN | ROUTE OF ADMINISTRATION |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Duration of Treatment: _____ Possible Side Effects or Adverse Reactions (if any): _____

Physician's Signature _____ Date _____

Address: _____ Phone _____

* Medication must be in original pharmacy labeled container with specific orders and name of medication.

* Medication and refills **must be brought to school by parent, guardian or responsible adult.** Self-carry/self-administer students may transport their medications.

**Plan reviewed with parent(s)/guardian(s):**

Parent Signature _____Date:_____

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## SELF-MEDICATION RELEASE FORM

Date: _____

Student's Name: _____ has been instructed in the proper

use of the following medication procedures: _____

_____

We, (Physician's signature) _____

And (Parent or Guardian's _____

Request that (Student's Name)_____ be permitted to carry the medication on his/her person or to keep same in his/her locker of P.E. locker as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

NOTE: This form must be completed in addition to routine district medication form for those students who request permission to carry their own medication on campus or keep this medication in a P.E. Locker.

Revised 6/2016