

**ORCHARD PARK CENTRAL SCHOOL DISTRICT  
PARENT AND PRESCRIBER'S AUTHORIZATION FOR  
ADMINISTRATION OF MEDICATION IN SCHOOL**

**1) To be completed by the parent or person in parental relation:**

I request that my child, \_\_\_\_\_, grade \_\_\_\_\_, receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the School Nurse will administer the medication.

Signature (Parent or Person in Parental Relation): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Date \_\_\_\_\_

**2) To be completed by the licensed health care prescriber:**

I request that my patient, as listed below, 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 Recommendation: \_\_\_\_\_

Name of Licensed Prescriber and Title (please print): \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication must be brought to school and picked up by the parent or guardian. Thank you.

**ORCHARD PARK CENTRAL SCHOOL DISTRICT  
SELF-MEDICATION RELEASE FORM FOR  
EPI-PEN AND METERED DOSE INHALERS**

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Student's Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

has been instructed in the proper use of the following medication procedures by the students' physician: \_\_\_\_\_

We (Student's Physician's Signature) \_\_\_\_\_

and (Parent/Person in Parent Relation's Signature) \_\_\_\_\_

request that (Student's Name) \_\_\_\_\_

be permitted to carry the medication on his/her person or to keep same in his/her locker or physical education 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 the routine District medication form for those students who request permission to carry their own medication on campus or keep this medication in a school or physical education locker.