

HARRISVILLE CENTRAL SCHOOL
14371 PIRATE LANE
HARRISVILLE, NY 13648
PHONE (315) 543-2707
FAX (315) 543-2360

Permission for Prescription Medication in School

It is necessary for the school nurse to receive a written order from a medical practitioner if a child is to be given a prescription medication during the 2021 - 2022 school year.

If your physician has advised you this medication needs to be administered to your child during school hours, please have this form completed by your doctor and returned to the health office, with the medication. The medication needs to be delivered by a parent and be in a prescription labeled container.

Students name: _____ Date of Birth: _____

Diagnosis: _____

Please give:

Prescribed Medication _____
Dosage _____
Route _____
Time(s) Medication Must Be Given _____
Duration _____
Adverse Reaction(s) _____

Date _____ Physician's Signature _____ Phone #: _____

I, the undersigned, hereby give permission for the school nurse to give my child the medication prescribed above.

Date _____ Parent's Signature _____

Inhaler Self-Medication Release

If the above medication is an inhaler and the child named is in 6-12 and has been instructed on the inhaler's proper use, your signature below gives him/her permission to carry the inhaler on his/her person, or to keep it in his/her locker as needed.

Date: _____ Parent's Signature: _____