

# South Country Central School District

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## ADMINISTRATIVE OFFICES

OFFICE OF BUILDING SERVICES

189 DUNTON AVENUE

EAST PATCHOGUE, NEW YORK 11772

www.southcountry.org

SUPERINTENDENT OF SCHOOLS

Joseph L. Cipp, Jr.

BUILDING SERVICES ADMINISTRATOR

Gregory C. Miglino, Jr.



District Supervising Nurse

Linda Reichert

631-730-1633

## PARENT AND PRESCRIBER'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

### To be completed by the parent or guardian:

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

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

Signature (Parent or Guardian): \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### To be completed by the licensed health care prescriber:

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

Name of Patient: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Prescribed Dosage, Frequency and Route of Administration: \_\_\_\_\_

Time to be taken during school day: \_\_\_\_\_

Duration of Treatment: \_\_\_\_\_

Possible side effects and adverse reactions (if any): \_\_\_\_\_

Other Recommendations: \_\_\_\_\_

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

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

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

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