



# Our Lady of Mercy Academy

*Educating young women with Faith, Compassion, and Promise*

## Request for Administration of Medication During School Day

Syosset Central School District  
School Year 2019-2020

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Age: \_\_\_\_\_

Our Lady of Mercy Academy Student ID Number: \_\_\_\_\_ Phone: \_\_\_\_\_

*Dear Parent or Guardian:*

*In order for any medication, prescription or over-the-counter medicine, to be taken in school, state law requires a written request from a Physician indicating the **medication, frequency, and the dosage** of such medication. The nurse must also have on file a written request from the parent to administer the medication. A new form must be filled out for each change of medication and renewed each school year.*

### Part I To be Completed by Parent or Guardian

I request that the School Nurse administer the medication as requested by my Physician to my child.

I will supply the School Nurse with the medication in a container, professionally labeled by the pharmacist, or for an over-the-counter medication in its original container labeled with the student's name and grade.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Telephone Number

### Part II To be Completed by Physician

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: amount to be given: \_\_\_\_\_

time to be given: \_\_\_\_\_

Side Effects: to report: \_\_\_\_\_

to expect: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Stamp of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number