



PARENT and PHYSICIAN'S AUTHORIZATION for SKILLED NURSING SERVICES

A. To be completed by 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. * This medication is to be administered during the present school year. It will expire on June 30th each year unless terminated sooner by a doctor's written notice.

I release the school nurse and the Central Valley Central School District, of any liability relative to the administration and/or reaction of the medication on the above named pupil.

My child does not need to take any of the medications listed below during the day while he/she is in attendance at school.

(Please note that this form will need to be completed again if medication and/or dosages change during the year.)

Parent/Guardian Signature _____ Date _____

Telephone: Home _____ Work _____

B. To be completed by physician:

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

Pupil's Name _____ DOB _____

Diagnosis _____ ICD-10 Code _____

Table with 4 columns: MEDICATION, DOSAGE, FREQUENCY/TIME TO BE TAKEN, ROUTE OF ADMINISTRATION

Duration of Treatment: _____ Does medication require refrigeration? YES NO

Possible side Effects and Adverse Reactions (if any): _____

I deem this child to be self-directed and understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips.

I deem this child to be non self-directed and understand that administration of oral, topical, inhalant and injectable medications must remain the responsibility of the school nurse or licensed practical nurse under the direction of a school nurse, physician, or parent.

Name of Licensed Prescriber and Title: _____

Please PRINT or STAMP

Address: _____ Phone: _____

NPI# _____ LIC# _____

Signature: _____ Date: _____

* 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.