



Pediatrics-Clifton Park
 942A Route 146
 Clifton Park, New York 12065-3680
 PH: (518) 371-8000
 FX: (518) 371-5338

Constance L. Glasgow, M.D.
 Shenelle Gaston, M.D.
 Kristen L. Compa, M.D.
 Joyce L. Bellin, R.P.A.-C

Gary Griffleth, M.D.
 A. George Pascual, M.D.
 Tecoa N. Turner, D.O.
 Cheryl Glick, R.P.A.-C

MEDICATION ADMINISTERED IN SCHOOL

Child's Name: _____

Date of Birth: _____

Parental Permission

I give permission for the school nurse to administer the following medication. I understand that no medication can or will be administered by the school nurse until this parental permission form *and* the physician's signed directions are received by the school nurse.

Signature of Parent/Guardian: _____ Date: _____

Physician's Directions

The following information is required for the school nurse to administer medication to the student during the school day:

Student's Name: _____

Diagnosis: _____

Medication: _____

Dosage and Frequency: _____

Specific Time to be Given in School: _____

Initiation and Ending date for Medication: _____

The child named above has been instructed in the proper use of the medication noted. We request that the child be permitted to carry the medication on his/her person or to keep same in his/her locker or PE locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use. Do not let child administer on his/her own student may carry medication keep medication in nurse's office

Physician's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____