

**Dutchess County BOCES
Salt Point Center
5 BOCES Road
Poughkeepsie, NY 12601**

Nurse's Office (845)486-8044

Authorization for Administating Medications at School

I request that my child _____
Receive medication as prescribed by our licensed health care prescriber. The medication is to be
furnished by me in a 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.

Signature of Parent/Guardian _____

Telephone: Home _____ Work _____



I request that my patient _____

Date of Birth _____ receive the following medication:

Medication and route _____

Dosage and time during school _____

Duration of treatment _____

Possible side effects/reactions/recommendations _____

Prescriber's Signature _____

Phone Number _____ Date _____