

CANASTOTA CENTRAL SCHOOLS
Canastota, NY 13032

Peterboro Street Elementary School (K-1)
Health Office (315) 697-6350
PSES Fax Number (315) 697-6355

Roberts Street Middle School (4-7)
Health Office (315) 697-6341
RSES Fax Number (315) 697-6343

South Side Elementary School (2-3)
Health Office (315) 697-6362
SSES Fax Number (315) 697-6364

Canastota Jr/Sr High School (8-12)
Health Office (315) 697-6315
CHS Fax Number (315) 697-6314

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

A. To be completed by parent/guardian:

I request that my child, _____, grade _____, receive the medication as prescribed below by our licensed health care provider. 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 event of the school nurse's absence, will administer the medication.

Signature (Parent/Guardian): _____
Address: _____
Telephone: H _____ W _____
C _____ Date _____

B. To be completed by the licensed health care provider:

I request that my patient, as listed below, receive the following medication:
Name of Student: _____ Date of Birth: _____
Diagnosis: _____
Name of Medication: _____
Prescribed Dosage, Frequency, and Route of Administration: _____

Time to be taken during school hours: _____
Duration of treatment: _____
Possible side effects and Adverse reactions (if any): _____

Other recommendations: _____
Name of Licensed Prescriber and Title (please print): _____
Prescriber's Signature: _____ Date: _____
Address: _____ Phone: _____