

**CANASTOTA JR./SR. HIGH SCHOOL**

**Canastota, NY 13032**

**Fax number: 315-951-2375**

**PARENT AND PRESCRIBER'S  
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION  
FOR OVERNIGHT SCHOOL-SPONSORED TRIPS**

**A. To be completed by the Parent/Guardian:**

I request that my child, \_\_\_\_\_, in 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 and original container from the pharmacy, and is to include only the amount my child will require during the overnight trip. I understand that the school nurse will administer or another designated person in the event of the school nurse's absence, will administer or assist with the administration of the medication. All medication will be under the control of the nurse or designated person throughout the duration of the trip, unless indicated as a self-carried /administered medication by the prescribing provider (see note below).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**B. To be completed by the Licensed Health Care Provider:**

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

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_

Prescribed Dose \_\_\_\_\_ Route \_\_\_\_\_ and frequency of administration \_\_\_\_\_

Time(s) to be taken during the overnight trip \_\_\_\_\_

Duration of treatment (date(s) of trip) \_\_\_\_\_

Possible side effects and adverse reactions (if any) \_\_\_\_\_

Other recommendations \_\_\_\_\_

I deem this student to be self-directed: Yes \_\_\_ No \_\_\_

Student may self-carry and self-administer medication\*: Yes \_\_\_ No \_\_\_

\*Note: Applies only for inhalers, oral contraceptives, and anaphylactic medications.

Printed name and title of licensed prescriber \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_