KATONAH-LEWISBORO SCHOOL DISTRICT **MEDICATION FORM**

JJHS (914) 763-7508 FAX (914) 763-7314 JJMS

(914) 763-7205 FAX (914) 763-6572

KES (914)763-7706 FAX(914)485-4560

IMES (914)763-7139 FAX(914)763-7175

MPES (914) 763-7907 FAX (914) 763-7988

ADMINISTRATION OF MEDICATION IN SCHOOL

This form is for ALL requests for medication in school. Your physician MUST fill in all information below, full name of the medication, frequency and dosage of the medication and reason for the medication. Your signature and your physician's signature at the bottom signify your permission for this medication to be administered in school.

Prescription medication must be in the original bottle labeled by a registered pharmacist as prescribed by law. Over-the-counter medications must be prescribed by a doctor and must be in their original unopened containers. Medication must be delivered to the Health Office by the parent or guardian.

. TO BE COMPLETED BY THE PHYSICIAN: Name of Student: _____DOB: _____ Name of medication: Dosage and frequency: Why prescribed: Special directions and/or remarks/side effects: MIDDLE SCHOOL AND HIGH SCHOOL ONLY: For Emergency medications ONLY (Inhalers, Benadryl, Epi Pens, Insulin) Is this student able to carry and self-administer this medication? (Circle one) YES NO PHYSICIAN'S STAMP: Signature Physician: Phone number: Date: _____ Parent Signature:

Medication orders need to be renewed each school year and MUST be dated after July 1st for the following school year