## MAMARONECK UNION FREE SCHOOL DISTRICT HEALTH SERVICES MEDICATION PERMISSION SHEET

## Dear Parent/Guardian:

New York State Law provides that internal medication should not be administered in school. However, on occasion, your child may require medication during school hours. In such instances, the following requirements must be met:

- 1. Written signed orders from the child's physician.
- 2. A written request from the parent/guardian.
- 3. The medication needs to be brought to school by an adult in the original labeled bottle. (Please ask the pharmacist for an extra bottle or container).

Please complete the following form and return it to the school nurse. Thank you for your cooperation.

NAME OF CHILD:		DOB:
GR:	TEACHER/TEAM:	WEIGHT: lbs.
DIAGNOSIS: Allergy		
NAME OF MEDICA	TION: 🗖 Epipen 🗇 Auvi-(	Q 🗖 Adrenaclick
	🗖 0.3 mg. 🗖 0.15 i	mg.
Recommended dosage requirements for pens: For 15 – 30 kg (33 – 66 lbs):0.15 mg. For greater or = 30 kg (approx. 66 lbs or more): 0.3 mg.		
<b>DOSAGE &amp; ROUTE OF ADMINISTRATION</b> : D 0.3 mg. <b>OR</b> D 0.15 mg. autoinjection IM to anterolateral thigh only		
TIME TO BE GIVEN: STAT for signs/symptoms of a severe allergic reaction (anaphylaxis)		
DURATION OF PRESCRIPTION: school year		
SPECIAL INSTRUCTIONS FOR ADMINISTRATION: call 911; call parent/guardian; call administrator		
STORAGE REQUIREMENTS OR OTHER CONDITIONS: room temp		
Should a change in any of the above information occur, a revised written physician's statement <u>must</u> be submitted. This order is valid for the school year in which it was written.		
OFFICE STAMP NECESSARY HERE		
(Print)		<sup>CC</sup> SIGNED:
Address:		Telephone #:
City/State/Zip:		Date of Completion:
Parent/Guardia	n's Signature*	Date
Emergency telephone number (daytime)		

\*Parent signature denotes permission to share the above student's medical information with staff on a need-to-know basis. \*Parent signature gives permission to speak to child's physician/practitioner as needed.