FABIUS-POMPEY CENTRAL SCHOOL DISTRICT

1211 Mill Street
FABIUS, NEW YORK 13063

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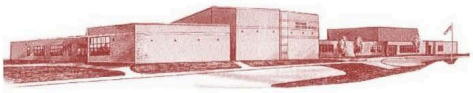

MIDDLE SCHOOL- HIGH SCHOOL
(315) 683-5811

ELEMENTARY SCHOOL
(315) 683-5857

DISTRICT OFFICE
(315) 683-5301
FAX (315) 683-5827

ASSISTANT SUPERINTENDENT
OF BUSINESS SERVICES
Daniel S. Silky

MEDICATION AUTHORIZATION FORM

To: Physicians/health care providers and parents/guardians of children requiring medication in school.

If it is required for your child to take medication (prescription/non-prescription) during school hours, please fill out the form below and return it to the health office in your child's school.

Medication needs to be delivered to the school nurse in its **PROPERLY LABELED CONTAINER!**

BOTH Physician/health care provider ***AND*** Parent/Guardian **SIGNATURES are required**.

*Please note that most medications prescribed 3 times a day may be taken at home.
(Before school, after school & evening)

To be COMPLETED by Physician/Health care provider**:**

Please dispense the following medication, during school hours, to:
Child's Name:_____ **Date of Birth:**_____

Name of Medication: _____
Dosage/Time: _____
Reason for Medication / Diagnosis: _____

Effective **throughout school year**: _____

Physician's Signature: _____**Date:**_____
Physician's Printed Name: _____

To be COMPLETED by Parent/Guardian**:**

I request that the school health personnel administer medication prescribed to:
Child's Name:_____**Date of Birth**: _____
Child's Grade: _____**Child's Allergies**:_____

Parent/Guardian Signature: _____**Date:**_____
Printed Name:_____
Relationship to Child:_____