

AUTHORIZATION FOR PRESCRIBED AND NON-PRESCRIBED  
MEDICATION/DRUG OR TREATMENT

DATE \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

TYPE OF MEDICATION \_\_\_\_\_

DOSAGE \_\_\_\_\_ TIME \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

COMMENTS OR CONCERNS \_\_\_\_\_

May carry an inhaler      Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby request that my child, \_\_\_\_\_ be given the above named medication as prescribed by Dr. \_\_\_\_\_. It is understood that the Brooklyn City School District and any of its school personnel are absolved from any responsibility which might be associated with the administration of such medication. I will provide any and all medication in its **original container** which the pharmacy has supplied it in.

Physician's Signature \_\_\_\_\_ Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Phone \_\_\_\_\_

(Submission of this form by FAX is permissible)

**\*\* ANY NON-RESCRIPTION DRUG REQUIRES ONLY A PARENT SIGNATURE**

**\*\* ANY PRESCRIPTION DRUG REQUIRES BOTH PARENT AND DOCTOR SIGNATURE**

**MEDICATION RESTRICTIONS/CONDITIONS**

1. It will be the **student's** responsibility to remember to come to the office for his/her medication. If it is not the specified time as stated above, the medication will not be administered without parental notification first.
2. **ALL** medications (**excluding** inhalers) will be locked in the office.
3. Medication forms valid for current school year only. Unused medication will be discarded ten (10) days after the last day of school unless claimed by a parent.
4. **Prescribed** medications must be delivered by parent or responsible adult.

**BY SIGNING THIS RELEASE, I UNDERSTAND AND AGREE TO ABIDE BY THE MEDICATION GUIDELINES FOR THE USE IN BROOKLYN CITY SCHOOLS.**

8/31/10  
12/2/14  
2/9/15  
10/24/18