



Upton Lake Christian School
 P.O. Box 63
 Clinton Corners, NY 12514
 845-266-3497
www.uptonlake.com

AUTHORIZATION FOR MEDICATION

Prescription medication for in school and school activities.

TO BE COMPLETED BY THE PROVIDER

Student Name _____ DOB _____ Grade _____
 Diagnosis _____
 Medication Name: _____ DOSE: _____ Route and time _____

Please check one box: Nurse or parent designee to administer medication ()
 Self administer with staff supervision ()
 Independent carry and self administer ()

Provider Name _____ Phone _____
 Provider Address _____
 Provider Signature _____ Date _____

Provider Stamp (must be provided)

TO BE COMPLETED BY PARENT OR GUARDIAN

Independent Carry and Use Attestation Attached (Required for Independent Carry and Use)

NYS law requires both provider attestation that the student has demonstrated they can effectively self- administer inhaled respiratory rescue medications, epinephrine auto-injector, Insulin, carry glucagon and diabetes supplies or other medications which require rapid administration along with parent/guardian permission delivery to allow this option in school. Check this box and attach the attestation to this form to request this option.

Check box and sign only one of the following options:

() I request for my child to be given the medication prescribed above. I will provide the medication in the original pharmacy or over the counter container.

Parent/Guardian signature _____ Date _____

() Self administered with the supervision from the nurse. I will provide the medication in the original pharmacy or over the counter container.

Parent/Guardian signature _____ Date _____

() Independent Carry and Administer permission. I agree that my child can independently carry and administer the medication prescribed above without any supervision from the school staff.

***It is highly recommended that any medication be stored in the nurse's office locked cabinet to be administered as needed* No medication should be shared with any other student.**

Parent/Guardian Name _____ Parent/Guardian Signature _____

Date _____