



Authorization to Dispense Medication

Student _____ Date _____

Parent _____ Phone # _____

Teacher _____ Name of Medication _____

Reason for Medication _____

Amount to be given _____ Time _____

Special Instructions

I hereby authorize NYOS Charter School personnel to administer the above medication(s) to the student named on this form. I understand that neither NYOS Charter School nor its personnel assume responsibility for any adverse effects the medication may have on this student.

Students are not allowed to have any medication with them (in classrooms, desks, lockers, or backpacks).

All medications must be kept in the school office at all times.

Prescription medications must be in the student's pharmacy-labeled container. (Pharmacies will provide an additional container upon request if some doses will be taken at school.) Over-the-counter medications must be in the manufacturer's container with dosage and expiration dates. Remember to include dosing spoons or other necessary equipment.

In grades 4-12 it is the student's responsibility to remember to come to the office to have medication dispensed. In grades Pre-K – 3 school staff will administer the medication on the requested schedule.

All medication must be picked up at the end of the school year or it will be disposed of

Signature of Parent/Guardian

Date