

Dear Parents and Guardians:

New York State Education Law states that under no circumstances are school personnel permitted to administer or dispense any medication (either prescribed or over-the-counter varieties), nor is a child permitted to self-medicate, **without** written authorization from both the physician and the parent/guardians.

Under certain circumstances it is necessary for students to take medication during school hours. In grades K-6, medications will be kept in the RCCA office to be administered by office personnel. The parent must submit a written order from the student's physician indicating the frequency and dosage of the prescribed medication. Such medication is to be brought to school in its original container* by the parent or guardian. In these instances, **no** medication may be brought to school by the student or transported on the school bus. ***This is a state law.***

Students in grades 7-12 may carry their medications with them, and these medications may be self-administered under the following conditions:

1. Written authorization for self-directed administration must be on file in the RCCA office during the time period when the medication is needed.
2. One day's dosage is the maximum amount of a medication that may be carried to school at one time. Inhalers will be an exception to this rule.
3. Students who are authorized to self-medicate also have permission to transport this medicine on the school bus.
4. Medication, whether prescription or an "over the counter" variety, may NEVER be shared with another person.

In grades K-6, inhalers for severe asthmatics and medications requiring immediate administration for other severe conditions may be kept in the student's classroom, and the teacher will be trained to administer said medication.

If it becomes necessary for your child to take medication during the school year, medication forms are available in the school office.

*(Note: You can request a second labeled container from the pharmacist for home use.)

Sincerely,

Miss Ashlyn Jennings, BSN
Vestal District School Nurse

Mrs. Jennifer Chase, MSW
RCCA School Administrator

Ross Corners Christian Academy

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Authorization for the Administration of Prescription and Non-Prescription Medication in School

To be completed by the parent or guardian:

I request that my child, _____ in grade _____ receive medication as prescribed below by our licensed health care provider. The medication will be furnished by me in the properly labeled, original container from the pharmacy. I understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication.

Signature of parent/guardian: _____

Address: _____

Phone #'s: Home: _____ Cell: _____ Work: _____

Date of request: _____

To be completed by the licensed health care provider: (please print legibly)

I request that my patient, as listed below, receive the following medication:

Name of student: _____

Diagnosis: _____

Name of medication: _____

Prescribed Dosage, Frequency, and Route of Administration: _____

Time to be taken during school hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other Recommendations: _____

Name of Licensed Prescriber and Title (please print): _____

Prescriber's Signature: _____

Address: _____

Phone #: _____

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