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**Written Order Needed for Administering Medication to your Child**

***Required for Fall 2017***

**State Education law prohibits any school personnel from administering medicine** or giving treatment, other than First Aid, to school children **without a written order from your physician** **and yourself.** Our Board of Cooperative Education has adopted and follows these recommendations.

For your convenience, we have provided a form ***(on back)*** to be **filled out by you** and your **family physician** and returned via fax (518-273-4129), email ([**pryan@questar.org**](mailto:pryan@questar.org)), or mail before medicine can be administered.

**Please note**, the medication must be in a pharmacy labeled bottle, tube or container that clearly indicates date, name of child and physician, dosage and frequency.

This medicine is to be delivered to the teacher or school Health Office. **No** **medications** will be administered that have been **brought in by the student**.

If a **bus driver** is to **bring** the **medication** to school, it must be prearranged with the bus driver, and the school where the student is attending. A **lock box** provided by Questar needs to be used for the transport.

**Special Considerations:**

1. **Medication** order must be **renewed annually** or when there is a change in the medication or dosage.
2. The **pharmacy label does not constitute a written order** and cannot be used in lieu of a written order form from a licensed prescriber.

**Return Form on back to:**

**Fax form to:** Questar III Health Services (518) 273-4129

**Email form to:** [**pryan@questar.org**](mailto:pryan@questar.org)

**Mail to:** Questar III Health Services, Rensselaer Educational Center, 35 Colleen Road, Rensselaer, NY 12180.

**Form on Back**

**(over >)**

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**QUESTAR III**

**Required for Fall 2017**

**AUTHORIZATION TO ADMINISTER INTERNAL MEDICATION BY SCHOOL PERSONNEL**

***PLEASE COMPLETE PARTS A & B BEFORE RETURNING TO QUESTER III STAFF***

**A.** **FOR PARENT** ***(School Nurse needs signed parent permission in order to give medication)***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request that the School Nurse, Teacher, (or other authorized

(Parent or Guardian)

personnel) administer to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the medication prescribed

(Name of student)

by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Name of Physician)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed

**B. FOR FAMILY PHYSICIAN *(School Nurse needs signed physician permission in order to give medication)***

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is being treated and attended by me. (name of student / patient)

It is essential that he / she be given the following medication in the dose indicated during

school hours for treatment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ICD 10 CODE)

Name of medication: (or other identification) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage Schedule:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Possible side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time to be given *(Check one):* \_\_\_\_ Indefinitely or

\_\_\_\_ To be discontinued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Physician) (Date) (License # of Physician)

\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address of Physician) (NPI # of Physician)

**Return Form to:**

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**Email form to:** [**pryan@questar.org**](mailto:pryan@questar.org)

**Mail to:** Questar III Health Services, Rensselaer Educational Center

35 Colleen Road, Rensselaer, NY 12180

***NOTE: It is the parent’s responsibility to see that the Questar III Health Services receive this information.***