



NORTH COLONIE CENTRAL SCHOOLS

91 Fiddlers Lane
Latham, NY 12110

SHAKER HIGH AND JR. HIGH SCHOOL FORMS

AUTHORIZATION FOR A STUDENT TO USE AND CARRY MEDICATION(S) IN SCHOOL

Shaker High Fax 785-2767 or 783-5905

Shaker Jr. High Fax 783-8877

1. All Medications (prescription and non-prescription) must be prescribed by a licensed prescriber. Prescription medication must be in the original container, labeled with the student's name, drug name , frequency of administration, dosage, date prescribed and prescriber's signature. Non-prescription medication must be in the original labeled container with student's name wirtten on the container.
2. Students are allowed to carry **ONLY** asthma inhalers and allergic reaction medications ie:EpiPens and/or Benadryl. This form must be completed and returned to the nurse's office to be kept on file.
3. These orders expire at the end of the school year and must be renewed at the beginning of every school year.

A. Name of Student_____ Date of Birth_____

1.Medication_____ Dosage, Frequency, & Route _____
Comments_____

2.Medication_____ Dosage, Frequency, & Route _____
Comments_____

3.Medication_____ Dosage, Frequency, & Route _____
Comments_____

B. This student has been instructed in the proper use of the above prescribed medication(s). We consider him/her responsible to self-administer and carry the above prescribed medication(s).

NAME OF LICENSED PRESCRIBER AND TITLE(Please Print): _____

Signature of
Prescriber:_____ Date:_____
Address:_____ Phone:_____

Parent/Guardian Signature_____ Date:_____

C. This student **may not self-administer/carry the above medication(s)**. This medication(s) should be kept in the Health Office.

Signature of
Prescriber:_____ Date:_____
Parent/Guardian Signature_____ Date:_____