



SAINT ALBANS SCHOOL

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If your child needs medication during school hours, either prescription or over the-counter, you must comply with the following or medication cannot be administered: **Daily Medication Orders may NOT be used for Overnight or After-hours Field Trips.**

1. Have your child's physician complete the **Physician Statement** section of this form entirely;
2. Complete the **Parent Statement** section of this form entirely;
3. Parent must bring the medication to school in the original container. Your child may **NOT** bring the medication to school (unless authorized to self-carry & self-administer Emergency Medication).

Student's Name: _____ **DOB:** _____

PHYSICIAN STATEMENT

Medication:			
Dosage:			
Time:			
Duration:			
Possible side effects:			
Reason for medicine:			

If the morning dose usually given at home has been forgotten, the staff may administer it at school after verbal or written notification from the parent.

Drug: _____ AM Dose: _____

Based on the definitions below, I assess this student to be: _____ May be used during School Hours
_____ self-directed; _____ not self-directed;
_____ able to self-carry and administer medication at staff's discretion (*inhaler, lactaid, cough drops only*)

Controlled medication may not be carried by student.

_____ The prescribed EMERGENCY MEDICATION may be self-carried during Field Trips
(*inhaler, Epi-pen, glucagon, etc*)

Physician's signature

Office Stamp

Date

PARENT STATEMENT

By completing and signing this form, I give permission for my child as named above, to take this medication as prescribed above; I also give my permission to the school staff to discuss problems/concerns with this medication with the prescribing physician. **I will not hold Saint Alban's School or its' staff members liable for any adverse reactions or complications resulting from administering the medications as described above.** I understand the determination of whether my child is self-directed or not self-directed is the ultimate responsibility of the school staff overseeing the medication in a school setting. I further understand that any assessment may change based on a student's demonstration of responsibility. To help in that assessment, I assess my child to be:

_____ **Not Self -directed** (must be reminded & supervised in storage & administration of medication).

_____ **Self-directed** (can recognize medication, knows dose and time of delivery, and can refuse to take the wrong medication from an authority figure).

STUDENTS MAY NOT CARRY CONTROLLED MEDICATION.

Parent signature

Daytime phone #

Date