Medication Authorization Release

Prescription and/or Over-the-Counter Medications

Please Print

OAK HILL SCHOOL

39 Charlton Road, Scotia, NY 12302

518-399-5048 ext. 10 FAX 518-399-6140

Student Name _____ Date _____

In order for prescription and/or non-prescription (over the counter) medications to be taken during school hours, this form must be completed and signed by both parent/guardian. A new release must be completed annually or whenever a new medication is to be given at school.

Medications brought to school must be in original pharmacy labeled container with specific orders and name of medication. Medication and refills must be brought to school by parent, guardian or responsible adult.

To be completed by the parent or guardian:

I request that my child _____ DOB _____
Receive the medication as prescribed by our physician. The medication is to 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 to my child.

_____ _____ _____

Signature of Parent or Guardian Date Phone