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To Physicians and Parents of Children requiring Medication in School:

In compliance with the rules and regulations of the New York State Education Department, you are requested to complete this form so that required medication may be administered in school to your child.

Student's Name: _____ DOB: _____

Name of Drug(s): _____

Generic Name of Drug(s) if possible: _____

Dosage and Frequency: _____

Expected Effect(s): _____

Possible Side Effect(s): _____

Diagnosis **AND** ICD Code: _____

Date Order is Effective: START DATE: _____ END DATE: _____

Physician's Signature _____ Date: _____

Physician's Address & Phone # (pre-printed or office stamp acceptable:

Physician's NPI **AND** License# _____

Parent Request for School to give Medications:

I hereby request that my child, _____ be given the medication above as prescribed by the physician.

Parent/Guardian Signature: _____ Date: _____

Phone #: Work: _____ Home: _____ Cell: _____