PLAINVIEW-OLD BETHPAGE SCHOOL DISTRICT, STRATFORD ROAD SCHOOL

33 BEDFORD AND STRATFORD ROADS PLAINVIEW, N.Y. 11803

PARENT and PRESCRIBER'S AUTHORIZATION for ADMINISTRATION of MEDICATION in SCHOOL

THORIZATION for ADMINISTRATION of MEDICATION

 To be completed by the Popular 	arent of Guardian:		
I request that my child	, Grade	receive the medicat	tion as prescribed
below by a licensed health care	prescriber. The medication is to	be furnished by me in the	properly labeled
original container from the pha administer the medication.	rmacy. I understand that the sch	ool nurse or other assigned	person will
Signature (Parent or Guar	dian)		
Address		1	<u> </u>
Liene Dhane	AAC LOD		Table Comments
-FIOME-FROME)ate
Tive committed by the H	censed health care prescribe	gari Pendagarang Abada s	Name of the second
. То ве сотрієтей ву тпе ії	censed health care prescribe	er Nachtsetänet interes givet	allega ven
Treduest that my battern, as it	sted below, receive the following	medication:	and the same
Name of Student		Note of Pinth	2
Diagnosis		Care of Billing	The state of the s
Name of Medication		A separate of the second second	The second secon
			And the second
Prescribed Dosage, Frequency	and Route of Administration:	a define in a supply in it.	
		2	
Time to be taken during School	l Hours erse Reactions (if any)		CONTRACTOR AND CONTRACTOR
Possible Side Ettects and Adve			10
Other Recommendation			
Office Recommendation		CALL TRACT SAME SAFA CRESS STORY	7.
Name of Licensed Prescriber a	nd Title <i>(please print)</i>		
	, ,		
Prescriber's			
Signature		Date	
Address		Ouro	