

IHP Discussed with
Parent/Guardian
Date: _____ Initials: _____

Herricks Union Free School District
999-B Herricks Road
New Hyde Park, NY 11040

**PARENT & PHYSICIAN AUTHORIZATION FOR
ADMINISTRATION OF MEDICATION IN SCHOOL
AND SCHOOL ACTIVITIES**

Name (last, first) _____ DOB _____
Sex (M / F) _____
Address _____ Phone _____

A: TO BE COMPLETED BY PARENT OR GUARDIAN:

I request that my child _____ grade _____ receive the medication as prescribed below by our licensed health care provider. The medication is to be furnished in the properly labeled original container from the pharmacy.

Check the appropriate line: _____ School Year: Sept _____ - June _____

_____ I understand that the administration of oral, topical, inhalant, injectable medications, as allowed by law, to my **Non-Self-Directed Child** must remain the responsibility of the school nurse, trained designated person or parent.

_____ I understand that the school nurse, or trained designated person in the case of absence of the school nurse, will supervise and assist in administering the medication, including trips to my **SELF DIRECTED CHILD** * (see back of form for definition regarding self-direction).

_____ My child is permitted to **SELF CARRY and SELF ADMINISTER** the medication. (MS & HS only).

I acknowledge my obligation to inform the school nurse of any changes in my child's medical condition.

Signature: _____ Date: _____

B. TO BE COMPLETED, SIGNED, AND STAMPED BY A LICENSED HEALTH CARE PROVIDER.

Name of student: _____ DOB: _____ SEX: (M / F) _____
Diagnosis: _____

Medication	Dosage	Frequency/Time To be Taken	Route of Administration

Duration of treatment: _____
Common Side Effects / Adverse Reactions (if any): _____

Circle all that apply: Child requires assistance / supervision OR Child may self carry / self administer

Physician's name (print) Physician's signature Date Stamp

Self-directed Child: An individual who is capable and competent to understand a personal care procedure, can correctly administer it to him/herself each time it is required, has the ability to make choices about the activity, understands the impact of those choices, and assumes responsibility for the results of those choices.

Whether a student should be considered self-directed should be based on the student's cognitive and/or emotional development rather than age or grade. Factors such as age of reason and mental/emotional disability are additional considerations in determining a student's ability to be self-directed. Usually a student may be considered to be self-directed if he/she is consistently able to do all of the following:

- Identify the correct medication (e.g., color, shape)
- Identify the purpose of the medication (e.g., to improve attention)
- Determine the correct dosage is being administered (e.g., one pill)
- Identify the time the medication is needed during the school day (e.g., after lunch)
- Describe what will happen if the medication is not taken (e.g., unable to complete school work)
- Refuse to take medication if student has any concerns about its appropriateness.