



THE LAUREL HILL SCHOOL
201 Old Town Rd • East Setauket NY 11733 P:
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**PARENT AND PHYSICIAN'S AUTHORIZATION FOR
ADMINISTRATION OF MEDICATIONS In
School/Camp**

According to New York State Law, any medication to be administered during school or camp hours must have written documentation by the physician and parent/guardian.

TO BE COMPLETED BY PARENT/GUARDIAN:

I request that my child _____ DOB _____
receive the medication as prescribed below by our physician. The medication is to be
furnished by me in the properly labeled original container from pharmacy.

Signature (parent/guardian): _____ Date _____

Telephone: Home _____ Work: _____

TO BE COMPLETED BY PHYSICIAN:

I request that my patient, as listed below, receive the following medication:

Name of Student: _____ DOB _____

Name of Medication: _____

Dosage to be administered: _____

Times to be given: _____

Duration of time on medication: _____

Physician's signature: _____ Date: _____

Address _____

Medication and refills must be brought to school by parent/guardian or responsible adult. If you should have any questions, please feel free to contact the Health Office.

Health Office
631-751-2425