

**Medication Order and Authorization Form  
Secondary Level - Grades 6-12**

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Last Name First Name Grade School Year Date

The school nurse will administer **ALL** medication your child is required to take during the school day. (prescription and over the counter) Written parental/guardian permission **and** the licensed prescriber's written order are required by NYS law and satisfied with the completion of this form. The parent/guardian must bring all medications to the health office in the original labeled container. **(the school will supply Acetaminophen 325 mg tablets and Ibuprofen 200mg tablets)**

Medication	Dose/route	Frequency/time to be taken	MD, PA, or RNNP signature	Parent/guardian signature
Acetaminophen	325 mg 1-2 tablets by mouth	every 4-6 hrs as needed fever/pain		
Ibuprofen	200 mg 1-2 tablets by mouth	every 4-6 hrs as needed fever/pain		

**\*An additional authorization** (by prescriber and parent/guardian) **is required to carry an asthma inhaler and/or EpiPen (see below)**  
(for field trips, physical education class and sports)

Medication	Dose/route	Frequency/time to be taken	MD, PA, or RNNP signature	Parent/guardian signature
*Albuterol inhaler	2 puff/oral inhalation	every 4 hrs as needed		
*EpiPen injector	injection/IM	immediately after incident		

**Prescriber and parent**, check the appropriate boxes below:

A **Licensed prescriber** has instructed the child in the proper use and purpose of the  Asthma inhaler  Epi-pen

**My Child** has my permission to carry and use his/her:

