

Scarsdale High School  
Health Office  
1057 Post Road  
Scarsdale, NY 10583  
(914) 721-2550 - telephone  
(914) 721-2443 - fax

**Authorization for Administration of Medication**

Dear Parent/Guardian:

As per New York State Law, any and all medications must be prescribed by a physician and approved by a parent in order for the school nurse to administer. The medication is to be furnished to the school nurse in its original container properly labeled. Thank you for your cooperation.

Stacey Crowley, NP  
Christie Kroll, BSN, RN  
SHS School Nurses

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

**Physician to complete:**

Medication	Dosage	Time	Reason	Check here: <input type="checkbox"/> if student may carry & self-administer own Inhaler, Epipen & Diabetic Supplies only.

Parent Signature: \_\_\_\_\_  
(Required)

Date: \_\_\_\_\_

AND

Physician Signature: \_\_\_\_\_  
(Required)

Date: \_\_\_\_\_

Telephone # \_\_\_\_\_

OFFICE STAMP:  
(Required)