

LuHi Summer Programs  
131 Brookville Rd.  
Brookville, NY 11545  
516. 626.1100

Request for Administration of Medication

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Dear Parent of Guardian:

Every effort should be made to administer medication at home, as it represents a disruption in your child's play. However if your physician feels that it is necessary please submit this completed form and the medication to the Summer Programs Health Office.

State law does permit administration of medication only with written directions from the physician and parent. MEDICATION MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE.

Students are at no time allowed to carry medication of any kind on their person, to take medication without official written directive (from the physician and parent), or to take medication without supervision.

Thank you.  
Health Office  
LuHi Summer Programs

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1. TO BE COMPLETED BY A PARENT OR GUARDIAN:

I request the LuHi Summer Program's nurse administer the medication as described by my physician to my child.

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

Signature: \_\_\_\_\_ Relationship \_\_\_\_\_

2. TO BE COMPLETED AND SIGNED BY PHYSICIAN:

Student's Name: \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage (1) \_\_\_\_\_

Dosage (2) \_\_\_\_\_

MD signature and stamp \_\_\_\_\_ Date: \_\_\_\_\_