

Caledonia-Mumford School District

Provider and Parent Permission to Administer Medication
at School/School Sponsored Events

To Be Completed By Parent

Student Name: _____ DOB: _____ Grade: _____

I request the school nurse give the medication listed on this plan. My signature constitutes permission for the school to contact my healthcare provider regarding this form/diagnoses. If/when the nurse determines my child can take their own medications; trained staff may assist my child to take their own medications on field trips. I agree to provide the medication in the original pharmacy or over the counter container. This plan will be shared with school staff caring for my child.

Parent/Guardian Signature

Date

Email (optional)

Phone Where We Can Reach You Check if Cell

To Be Completed By Health Care Provider

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	DIAGNOSES	ROUTE OF ADMINISTRATION

Note: Medication will be given as close to the prescribed time as possible, but may be given up to one hour before or after the prescribed time. Prescription medications must be in the original pharmacy labeled container with specific orders and name of medication. Non-prescription (over the counter) medications must be in the original manufactures container with the child's name attached to it. Medications and refills must be brought to school by a parent, guardian or responsible adult.

Independent Carry and Use Attestation Attached (Required for Independent Carry and Use)

NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medications, epinephrine auto-injector, insulin, carry glucagon and diabetes supplies or other medications which require rapid administration along with parent/guardian permission to allow this option in school. Check this box and attach the attestation for your patient to request this option.

Physician's name (please print)

Date

Physician's signature

Stamp

Return to: 99 North Street, Caledonia, NY 14423

Meg Geer, RN Middle/High School Nurse
Jennifer Nusbickel, RN Elementary School Nurse

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Fax: 585-538-3460