



Administration of a Single Medication

Student Name: _____ DOB: _____

Grade: _____ Teacher/HR: _____ School: _____

To Be Completed By Health Care Provider

Diagnosis _____

Medication _____ Dose _____ Route _____ Time(s) _____

Recommendations _____ ICD Code _____

Self-directed, self-carry should be designated for EMERGENCY MEDICATIONS ONLY (i.e.: inhalers or Epinephrine Auto Injectors)

All medication should be given as close to the prescribed time as possible; however, may be given up to one hour before and no later than one hour after the prescribed time. Please advise the School if there is a time-specific concern regarding administration of the medication.

Prescriber please check all that are applicable:

- If morning dose is not given at home, nurse may administer morning dose of _____ after verbal or written notification from parent/guardian. *Please advise parent/guardian to send in additional medication*
- I assess this student to be **self-directed*** regarding this medication.
*They understand the purpose, name, amount, dose, timing, and effect of taking or not taking the medication; can recognize the medication; refuse to take it inappropriately and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently.
- I have determined this student is consistent and responsible in taking their own medications (self-directed) and in addition, give them permission to **self-carry and self-administer** this medication. They will be considered independent in medication delivery and need intervention only during emergencies.

Name and Title of Licensed Prescriber (Please Print) _____ N.Y.S. Reg. # _____

✘ **Prescriber's Signature** _____ Date _____ Phone _____

To Be Completed By Parent/Guardian

I give permission for the above medication to be administered to my child as ordered by my health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it.

Note: Students may only self-carry Epinephrine Auto Injectors or asthma inhalers.

✘ **Parent/Guardian Signature** _____ Date _____

****Additional Permission for Self-Administer/Self-Carry (Requires Health Care Provider Consent Above)****
Self-directed, self-carry should be designated for EMERGENCY MEDICATIONS ONLY (i.e.: inhalers, or Epinephrine Auto Injectors)

Parent/guardian permission and provider consent is required for students to self-administer and self-carry medication.

Students with this designation are considered independent in taking their medication at school and require no supervision by the nurse. Parents/guardians assume responsibility for ensuring that their child is carrying and taking their medication as ordered. School may revoke the self-carry/self-administer privilege if the student proves to be irresponsible or incapable. To request this option please sign below:

✘ **Parent/Guardian Signature** _____ Date _____

NEW YORK STATE REGULATIONS FOR ADMINISTRATION OF MEDICATION IN SCHOOL

The following steps must be taken if your student is in need of **ANY** type of medication during the school day (including Tylenol, Advil, antibiotics, and cold preparations):

1. The health office must have on file a written request from the physician in which they indicate the name, frequency and dosage of the prescribed medication. This includes **all** over-the-counter medication. Separate over-the-counter form available.
2. The health office must have on file a written request from the parent/guardian in order to administer the medication as prescribed by the physician.
3. STUDENTS SHOULD NOT BRING MEDICATION. IT SHOULD BE DELIVERED BY PARENT/GUARDIAN, RESPONSIBLE ADULT, OR SENT BY MAIL.
4. The prescription medication must be in the original container, as it is received from the pharmacist.
5. Over-the-counter medications must be in the original container and must be labeled with the name of the child and description of dosage.
6. The medication must be kept in the health office and administered by the school nurse unless otherwise approved.
7. Permission for self-directed/self-carry requires health care provider consent as well as parent/guardian consent. Self-directed, self-carry should be designated for EMERGENCY MEDICATIONS ONLY (i.e.: inhalers, epinephrine auto injectors, and insulin). ***Students are not permitted to carry USDEA controlled drugs***
8. Additional forms for parent/guardian and physician authorization are available from the health office.