

Orange Ulster BOCES

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

To Be Completed By Parent

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/HR: \_\_\_\_\_ School: \_\_\_\_\_

I request the school nurse give the medication listed on this plan; or after the nurse determines my child can take their own medications; trained staff may assist my child to take their own medications. I will 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 Phone

To Be Completed By Health Care Provider-Valid for 1 Year

Diagnosis(s) \_\_\_\_\_

Medication (1) \_\_\_\_\_

Dose (1) \_\_\_\_\_ Route \_\_\_\_\_ Time(s) \_\_\_\_\_

Medication (2) \_\_\_\_\_

Dose (2) \_\_\_\_\_ Route \_\_\_\_\_ Time(s) \_\_\_\_\_

Medication (3) \_\_\_\_\_

Dose (3) \_\_\_\_\_ Route \_\_\_\_\_ Time(s) \_\_\_\_\_

Recommendations \_\_\_\_\_ ICD Code (s) \_\_\_\_\_

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. Please advise if there is a time-specific concern regarding administration.

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 delivery to allow this option in school. Check this box and attach the attestation to this form to request this option.

\_\_\_\_\_  
Name/Title of Prescriber (Please Print) Date

\_\_\_\_\_  
Prescriber's Signature Phone

\_\_\_\_\_  
Email

Stamp

Return to:

School Nurse: \_\_\_\_\_ School: \_\_\_\_\_

School Address \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email \_\_\_\_\_

# Medication Administration Policy and Procedure

School Nurses at BOCES are responsible for monitoring student's responses to their prescribed medication regime during the school day. If your child's medication order(s) have been changed or altered (during in-school administration or at home), please notify our office right away. A new medication administration form must be completed for any change in your child's prescription, including time or dosage changes during the school day. Please contact your child's school nurse when this happens as soon as possible; the program health offices telephone numbers are listed below.

The Nursing staff will honor medication orders from licensed NY State health care providers for students attending Orange-Ulster BOCES. The medication order form or prescription, with a parental authorization must accompany this medication before it will be given. The pharmacy filled prescription container must have on the label: Student name, name and phone number of the pharmacy, licensed prescriber's name, date and number of refills, name of medication/dosage, frequency of administration, and route of administration with directions.

Non-prescription medication or "over the counter" medication must be in the original sealed manufacturers container/package with the student's name permanently affixed. This non-prescription medication **MUST ALSO** have signed orders from a licensed NY State health care provider with parental authorization, before the medication will be given.

**PLEASE NOTE: The safe transportation of student medications to**

**Orange-Ulster BOCES is the responsibility of the Parent/Guardian.**

Parents who are unable to drive medication to the school must arrange for a responsible adult to bring medication in the school; OR give it to the bus driver for safe transport to the school. Transported medication must be sealed in an envelope with the student's name, program and teacher's name clearly marked. Students are not allowed to carry or self-administer medication during the school day unless we have a specific order from the parent AND licensed healthcare provider stating this student is capable of handling this responsibility. Please call your child's School Nurse for more information about this procedure and required form.