

ORANGE-ULSTER BOCES

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

To Be Completed By Parent

Student Name: _____ DOB: _____

Teacher/Program _____ AM /PM School Year: _____

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 and will drop off. This plan will be shared with school staff caring for my child. All unused medications will be picked up in the Health Office at the end of the school year.

Parent/Guardian Signature

Date

Email

Phone Where We Can Reach You Check if Cell

To Be Completed By Health Care Provider

Valid ONLY UNTIL the LAST DAY of the CURRENT SCHOOL YEAR

Diagnosis _____

Medication _____

Dose _____ Route _____ Time(s) _____

Recommendations _____ ICD Code _____

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: Tiffany Toromanides RN-BC at OU BOCES 53 Gibson Road, Goshen, NY 10924

Phone: (845) 291-0300 ext 10324 • Fax: (845) 291-0308 • Tiffany.Toromanides@ouboces.org