

Regulation

STUDENTS

7102.1

PROVIDER AND PARENT/GUARDIAN PERMISSION TO ADMINISTER MEDICATION AT SCHOOL/SCHOOL SPONSORED EVENTS

Student Name: _____ DOB: _____

Grade: _____ Teacher/HR: _____ School: Poland Central School District

To Be Completed By Parent/Guardian

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.

Printed Parent/Guardian Name _____

Signature _____

Date _____

Phone Where We Can Reach You Check if Cell _____

Email _____

To Be Completed By Health Care Provider

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 Provider (Print) _____

Date _____

Stamp

Provider's Signature _____

Phone _____

Please return to School Nurse:

School Nurse: _____

School: Poland Central School District

Phone #: (315) 826-0208

Secure Fax: (315) 826-5509

Phone #: (315) 826-0208

Poland Central School District

Approved by the Superintendent: 04/24/13, 03/24/16, 07/12/18, 02/25/21