



# Sweet Home Central School District of Amherst and Tonawanda

1901 Sweet Home Road • Amherst, New York 14228

## PARENT AND PROVIDER CONSENT FOR ADMINISTRATION OF MEDICATION IN SCHOOL

### To Be Completed by Parent:

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

I request that the school nurse give the medication listed on this plan. In certain situations, trained staff may assist my child to take their own medication under the direction of the school nurse. If my child is determined to be independent by their Health Care Provider, my child may take their own medication. I will provide the medication in the original pharmacy or over the counter container. This plan may be shared with school staff caring for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Completed by Health Care Provider – Valid for One School Year

Diagnosis: \_\_\_\_\_

Medication name: \_\_\_\_\_

Dose: \_\_\_\_\_ Time: \_\_\_\_\_ Route: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Note: Medication will be given as close to the prescribed time as possible, but may be given up to one hour before or after prescribed time.

**Independent carry and use:** NYS requires HCP attestation that the student has demonstrated they can effectively self-administer medications which require rapid administration such as inhaled respiratory rescue medications, epinephrine auto injector, insulin, glucagon and diabetic supplies. This applies to any other medications the student may need to carry. Please check this box and attach an attestation form to request this option,

Print name and title of prescriber: \_\_\_\_\_

Prescriber signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_