



**Patchogue-Medford School District
Office of Student Health Services**

For School Personnel Only

Date Form Received: _____

Med Count at Drop Off: _____

Staff Initials: _____

**Authorization For Medication
at School and School Related Events**

Student's Name: _____ **DOB:** _____ **Grade:** _____

School: _____ **Teacher:** _____

I understand that:

- All medications, including OTC medications (Tylenol, Ibuprofen, Tums, Cough drops, etc.) require a licensed health care provider's orders, signature and stamp on this form.
- Medication must be in the original container (no baggies, foil, etc.) Pharmacist can provide a duplicate labeled container for school use. OTC bottles must be unopened and sealed.
- All medications must be brought to the health office by a **parent/guardian**.
- It is the parent's responsibility to inform the school of any changes.
- As per NYS law, unused medication that is not picked up by the last day of school will be disposed

PHYSICIAN STATEMENT

I request that my patient listed above receive the following medication:

Name of Medication: _____ Dosage: _____ Frequency: _____

Time(s) to be given: _____ Route: _____ Stop Medication on: _____

Condition Requiring Medication: _____

Possible Side Effects: _____

Known Allergies: _____

Level of Assistance Required (please see Guidelines for Determining Assistance in Medication Deliver):

☐ **NURSE DEPENDENT***

☐ **STAFF SUPERVISED**

☐ **INDEPENDENT****

* Exception – Non-licensed school staff may be trained to administer Epinephrine and Glucagon

** Do you attest that this student has they can self-administer the medication listed above at any school sponsored activity and staff intervention/support is only needed during an emergency: ☐ **YES** ☐ **NO**

I attest the student can self-carry the above medication effectively and independently: ☐ **YES ☐ **NO**

Prescriber's Name (print): _____

Prescriber's Signature: _____ Today's Date: _____

Prescriber's Stamp

I request that my child listed above receive the medication as prescribed on this form by our licensed health care provider. I have reviewed this form, and my signature below constitutes permission for the school to contact my health care provider regarding this form.

** I agree with my health care provider that my child can self-administer this medication: ☐ **YES** ☐ **NO**

** I agree with my health care provider that my child can self-carry this medication: ☐ **YES** ☐ **NO**

Parent/Guardian Name: _____

Phone Number: _____

Parent/Guardian Signature: _____

Today's Date: _____

Guide to Determining Levels of Assistance in Medication Delivery¹

Levels of Functional Category	What the Student Can/Cannot Do	What School Staff Can/Cannot Do
Nurse Dependent Student Students who cannot self-administer their own medication and cannot be considered a Supervised Student according to the criteria below.	Cannot State the name, amount, time, and effect of taking/not taking their medication. Cannot Recognize what the medication looks like, the purpose of the medication, if/when to refuse to take the medication, parameters under which the medication is to be taken, and when to refuse the medication if the student has any concerns about its appropriateness.	School Staff May NOT Assist Students with Medications An appropriate licensed medical professional (LPN under the direction of, or RN/NP, Physician, or PA) authorized to administer medications in NYS must administer all medications to the student.
Supervised Student Students who can self-administer medications with assistance at the direction of the student. Whether a student can do this is based on the student's cognitive and/or emotional development rather than age or grade and should also consider the student's particular diagnosis and the type of medication prescribed.	Can State the name, amount, time, and effect of taking/not taking their medication. Can Recognize what the medication looks like, the purpose of the medication, if/when to refuse to take the medication, parameters under which the medication is to be taken, and can refuse the medication if the student has any concerns about its appropriateness. Can swallow, inhale, apply, calculate, take the correct dose of medication, or request/direct an adult to assist them, if needed.	School Staff Trained by The School Nurse May Assist Students at The Request and Direction of The Student <u>IF TOLD TO DO SO BY THE STUDENT. Trained staff may:</u> <ul style="list-style-type: none"> • Open bottles • Remove the requested number of tablets/pills or pour the amount of liquid requested by the student who needs help. • Assist with BG testing or perform BG testing as requested by student. • Verify math calculations or verify the numbers being entered into insulin meters/devices by the student
Independent Student Students who can self-administer their own medications without any assistance. In an emergency, the student may need assistance.	Can independently self-administer their own medications without any assistance. Must be permitted to carry/take their rescue medications for respiratory conditions, allergies, or diabetes if there is written parent consent and a provider's written order attesting the provider has determined the student can self-administer effectively.	No Assistance Is Needed from School Staff If a student has an attestation to self-carry, self-administer: medication administration is not documented by the school and the parent/guardian assumes responsibility for ensuring their child is taking the medication as ordered. Schools should have a written care plan which instructs students how to obtain help from school personnel if needed. Schools should have additional doses of medication in the health office in case of need/emergency. The student either takes medication independently in the health office (after being handed the medication container by school staff) or with the required documentation carries and uses it independently.

*Requests for use of non-FDA sanctioned medicines including but not limited to, herbal remedies, essential oils, dietary supplements, naturopathic or holistic medicines, natural products, or non-FDA sanctioned devices or combination of devices do not need to be honored by a school district or school nurse.

¹ Information in chart is from *Student Functional Categories* section of the New York State Education Department's October 2022 [Guidelines for Medication Management in Schools](#).