

# SCSD Permission to Administer Medications in School



Somers High School  
MaryAnn Castro, RN  
914-248-8612  
Fax 914-931-2126

Somers Middle School  
Melanie Bernardi, RN  
914-277-4099  
Fax 914-992-6542

Somers Intermediate School  
Colleen Caron, RN  
914-277-3952  
Fax 914-430-2136

Primrose Elementary  
Brianna Kirby, RN  
914-248-8020  
Fax 914-430-2135

Student Name: \_\_\_\_\_ Preferred Name \_\_\_\_\_ DOB: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: (Please Circle) SHS SMS SIS PES

I give permission for the below medication(s) to be administered to my child as ordered by my health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it. I also give permission for Somers Central School District Health Offices to exchange information with my child's physician when their care warrants.

\*Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

## To Be Completed by Health Care Provider

Date	Diagnosis	Medication Name	Dosage	Route	Frequency/Time

Name and Title of Licensed Prescriber (Print & Stamp) \_\_\_\_\_

Address \_\_\_\_\_

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

## Health Care Provider Permission for Independent Use and Carry (6th - 12th Grade Only):

I attest that this student has demonstrated to me that they can self-administer the medication(s) listed below safely and effectively and may carry and use this medication independently at any school/school sponsored activity.

Staff intervention and support is needed only during an emergency. This order applies to the medications checked below:

- ☐ Allergy and requires Epinephrine Auto-injector
- ☐ Asthma or Respiratory Condition and requires Inhaled Respiratory Rescue Medication
- ☐ Diabetes and requires Insulin/Glucagon/Diabetic Supplies
- ☐ \_\_\_\_\_ which requires rapid administration of \_\_\_\_\_  
(State Diagnosis) (medication name)

Name and Title of Licensed Prescriber (Print & Stamp) \_\_\_\_\_

## Parent/Guardian Permission for Independent Use and Carry

Independent Carry and Use Attestation is 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 to allow this option in school.

Schools may revoke the self-carry/ self-administer privilege if the student proves to be irresponsible or incapable. To request this option please sign below:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_