

Whitney Point Central School District

P.O. BOX 249, Whitney Point, NY 13862

CEA Health Office: (607) 692-8238 TRA Health Office: (607) 692-8236

High School Health Office: (607) 692-8210

Permission to Administer Medication

Student Name: _____ DOB: _____ Grade: _____

To Be Completed By Health Care Provider

Diagnoses _____

Medication Name	Dose	Route	Time	<input checked="" type="checkbox"/> Applicable boxes below
				<input type="checkbox"/> Self Admin-Self Carry
				<input type="checkbox"/> Self Admin-Self Carry
				<input type="checkbox"/> Self Admin-Self Carry

Prescriber please use codes below for each medication ordered:

Self-Administer/ Self-Carry	I have determined this student is consistent and responsible in taking their own medications (Self-Directed) and in addition, given them permission to self-carry and self-administer this medication. They will be considered independent in medication delivery and need intervention only during emergencies.
--------------------------------	--

Name and Title of Licensed Prescriber (Please Print) _____

Prescriber's Signature _____ Date _____ Phone _____

To Be Completed By Parent

I request that _____ receive the medication as prescribed above.
(Student's Name)

1. Parent/Guardian will deliver the medication personally to school. Medicine will only be accepted in its original container.
2. For prescription medicines, ask your pharmacist for a "double label."
3. Only an adult may bring and pick-up medicine, this is a safety issue and is school policy.
4. All medication must be picked up by a parent or responsible adult when it is discontinued or at the end of the school year. All medication left will be discarded by the school nurse at the end of the school year.
5. It is a violation of school rules for students to carry any type of medication unless approved by the school nurse. Therefore, sending in medications with your child can subject him/her to discipline.
6. If your student uses an inhaler and plays a sport they need to have one inhaler for the Health Office and one for the coach.
7. I understand that the school nurse or other designated person in the case of the absence of the school nurse will administer the medication.

I have read and understand the above procedure for my child to receive medicine in school. I understand this applies to all medicine, including over-the-counter medicines such as Tylenol, Ibuprofen, cough drop and cold remedies.

Parent/Guardian Signature _____ Date _____ Phone _____