



Forestville Central School Permission to Administer Single Medication

Student Name: _____ DOB: _____

Grade: _____ Teacher/HR: _____ School: _____

To Be Completed By Health Care Provider

Diagnosis _____
Medication _____ Dose _____ Route _____ Time(s) _____
Recommendations _____ ICD Code _____

All medication should be given as close to the prescribed time as possible, however may be given up to one hour before and no later than one hour after the prescribed time. Please advise the school if there is a time-specific concern regarding administration of the medication.

Prescriber please check all that are applicable:

- If morning dose is not given at home, nurse may administer morning dose of _____ after verbal or written notification from parent. Please advise parent to send in additional medication
- Medication is required: On bus On field trips On school-sponsored after school/weekend activities/sports
- I assess this student to be **self-directed*** regarding this medication.
*They understand the purpose, name, amount, dose, timing, and effect of taking or not taking the medication, can recognize the medication and refuse to take it inappropriately and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently.
- I have determined this student is consistent and responsible in taking their own medications (Self-Directed) and in addition, give 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 give permission for the above medication 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.

Parent/Guardian Signature _____ Date _____ Phone _____

Additional Permission for Self –Administer/Self Carry (Requires Health Care Provider Consent Above)

Parent permission and provider consent is required for students to self-administer and self-carry medication. **Students with this designation are considered independent in taking their medication at school and require no supervision by the nurse.** Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. 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 _____

I request that my child receive the medication as prescribed by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy.*

PLEASE CHECK ONE:

- I understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips to my **self directed child**.
- I understand that administration of oral, topical, or inhalant medications to my **non self-directed child** and injectable medications must remain the responsibility of the school nurse, licensed practical nurse under the direction of a **school nurse, physician, or parent**.

*Medication must be in original pharmacy labeled container with specific orders and name of medication. Medication refills must be brought to school by parent, guardian or responsible adult.

Parent Signature: _____ Date: _____ Home Phone: _____

Cell: _____ Work: _____ E-mail: _____

Plan reviewed with parent(s) guardian(s): School Nurse: _____

The Forestville Central School District does not discriminate in its employment and admission to programs and activities as applicable, on the basis of actual or perceived race, color, creed, sex, sexual orientation, national origin, religion, age, economic status, marital status, veterans' status, political affiliation, domestic victim status, use of a guide dog, hearing dog or service dog, disability, or other classifications protected under federal or state law, and provides equal access to the Boy Scouts and other designated youth groups. The designated district compliance officers will coordinate compliance with the nondiscrimination requirements of Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, the Boy Scouts of America Equal Access Act, and the New York State Human Rights Law.

The Forestville Central School District Compliance Officers are: Superintendent, 12 Water Street, Forestville, NY 14062 (716) 965-6539 MS/HS Principal, 4 Academy Street, Forestville, NY 14062 (716) 965-2711 Elem Principal, 12 Water Street, Forestville, NY 14062 (716) 965-2742 Complaints may also be filed with the Office for Civil Rights, New York Office, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500, phone (646) 428-3800, fax (646)428-3843, email: OCR.NewYork@ed.gov.