

NORTH SALEM MIDDLE/HIGH SCHOOL

**PROVIDER AND PARENT PERMISSION TO ADMINISTER MEDICATION
AT SCHOOL/SCHOOL SPONSORED EVENT**

TO BE COMPLETED BY PARENT OR GUARDIAN

Student Name: _____ DOB: _____ Grade _____

I request the school nurse give the medication listed on this plan. **The medication is to be furnished by me in the properly labeled original container from the pharmacy.** I understand that the school nurse will administer the medication or an adult will supervise my child taking his/her own medication.

Parent/Guardian Signature

Date

Email

Phone Where We Can Reach You Check if Cell

TO BE COMPLETED BY HEALTH CARE PROVIDER-VALID FOR 1 YEAR

Diagnosis _____

Medication _____

Dose _____ Route _____ Time(s) _____

Recommendations _____ ICD Code _____

Note: Medication will be given as close to the prescribed time as possible, but may be given up to one hour before or after the prescribed time. Please advise if there is a time-specific concern regarding administration.

Per MEDICAID requirements, frequency & duration as indicated "per" IEP when appropriate.

Independent Carry and Use Attestation Attached (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 delivery to allow this option in school. Check this box and attach the attestation to this form to request this option.

Name/Title of Prescriber (Please Print)

Date

Prescriber's Signature

Phone

Email

Stamp

Return to:

School Nurse: Rita Driscoll, R.N. School: North Salem Middle/High School

School Address: 230 June Road, North Salem, NY 10560

Phone: (914) 669 5414 Ext. 2017 Fax: (914)-276-3240 Email: rdriscoll@northsalemschools.org