

**Wilson Central School District**  
**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 dose of \_\_\_\_\_ after verbal or written notification from parent. *Please advise parent to send in additional medication*
- 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, 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) \_\_\_\_\_ N.Y.S. Reg. # \_\_\_\_\_

**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.

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

**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:

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

## **NEW YORK STATE REGULATIONS FOR ADMINISTRATION OF MEDICATION IN SCHOOL**

The following steps must be taken if your child is in need of **ANY** type of medication during the school day (including Tylenol, Advil, antibiotics, and cold preparations):

1. The health office must have on file a written request from the physician in which he indicates the name, frequency and dosage of the prescribed medication. This includes **all** over-the-counter medication.
2. The health office must have on file a written request from the parent in order to administer the medication as prescribed by the physician.
3. STUDENTS SHOULD NOT BRING MEDICATION. IT SHOULD BE DELIVERED BY PARENT, RESPONSIBLE ADULT OR SENT BY MAIL.
4. The prescription medication must be in the original container, as it is received from the pharmacist.
5. Over-the-counter medications, must be in the original container and be labeled with the name of the child and description of dosage.
6. The medication **must** be kept in the health office and administered by the school nurse unless otherwise approved.
7. Additional forms for parent and physician authorization are available from the health office.

# **WILSON CENTRAL SCHOOL DISTRICT**

## **WILSON, NEW YORK**

### **MEDICATION PROCEDURE**

#### Dispensing of Medication in the Schools

No medication, including aspirin, shall be administered to children under any circumstances by school personnel without specific written direction by a physician.

If, under exceptional circumstances, a child is required to take medication during school hours, and the parent cannot be at school to administer the medication, only the school nurse or their principal's designee will administer the medication in compliance with the regulations that follow for all prescription and non-prescription drugs.

1. The parent or guardian shall deliver the medication to the principal or school nurse. Medication shall not be sent to school via the child.
2. Written instructions signed by parent and physician will be required and shall include:
  - a. Child's name
  - b. Name of medication
  - c. Purpose of medication for PRN (as necessary) medications-Conditions under which medication should be administered
  - d. Time to be administered and frequency
  - e. Dosage and route
  - f. Possible side effects
  - g. Date of initiation and termination
  - h. Self-administered orders if indicated
3. Parents should request from the pharmacist two (2) labeled containers; one for school and one to remain at home.
4. The pharmacy label does not constitute a written order and cannot be used in lieu of a written order from a doctor and/or other licensed prescriber.
5. Medication orders must be renewed annually (September of each school year) or when there is a change in medication or dosage.
6. Over the counter medication and samples must be in the original unopened manufacturer's container/package with the student's name affixed to the container. The same procedure and steps must be followed and listed under "Dispensing of Medication in the Schools" see #2 (a-g).

7. When the student does not report as scheduled, it is recommended that the parent/guardian be notified and advised that their child is not fully participating in the established procedure.
8. Carried and self-administered medication will follow the same medication procedure as prescribed and over-the-counter drugs. These also require a specific signed release.

## **ADMINISTRATION OF MEDICATIONS FOR FIELD TRIPS AND AFTER SCHOOL ACTIVITIES**

Oral medication should be maintained in an original pharmacy or manufacturer labeled container when taken on field trips or after school activities. Parents should be advised to ask the pharmacist for an additional container to be used. For field trips, teachers or other school staff should carry the **self-directed** student's medication so that the student can take his/her own medication at the appropriate time. Consistent with good practice, the employee's willingness to perform the task should be considered. Students who carry and administer their own medications for after school activities must adhere to school district policy related to self-administration of medications.

For students who are not self-directed:

1. The parent or guardian may attend the activity and administer the medication; or
2. The parent can personally request another adult who is not employed by the school to voluntarily administer the medication on the field trip and inform the school district in writing of such request; or
3. The student's health care provider can be consulted and may order the medication time to be adjusted or the dose eliminated.

If no other alternative can be found, the medication must be administered by a licensed professional (e.g. school nurse, LPN, substitute school nurse, physician) employed by the district. A child may not be prevented from participating in an educational activity, such as a field trip, solely on the basis of a special health need.

Procedures for taking medications off school grounds or after school hours while participating in a school-sponsored activity will be in accordance with State Education Department Guidelines.