



2019-2020

Dear Parent/Guardian,

New York State Education Law has requirements for students and medication in school. **Both** a written order from a licensed provider [MD (Doctor of Medicine), DO (Doctor of Osteopathic Medicine), NP (Nurse Practitioner) or PA (Physician Assistant)] and written parental permission are necessary for **any** medication in school and/or school activities. This includes Epi Pens, inhalers, insulin and over-the-counter medications. **This permission must be renewed on an annual basis.**

If your child will require medication during the 2019-2020 school year, please have your licensed provider complete the provider section on the **Authorization for Medication** form attached to this letter. In addition, please complete the corresponding parent/guardian permission section on the **Authorization for Medication** form.

The medication should be delivered by a responsible adult (not the student) to the Health Office in a properly labeled, original container. Most pharmacists will divide prescription medication into two containers if you request this. Over-the-counter medications must be in the original manufacturer's container with the student's name affixed to the container. All medications must be picked up at the end of the school year.

If your child needs to carry and administer his/her own medication at school and school activities then the licensed provider must attest that your child has demonstrated capability to **Independent Carry and Self-Administer** on the medication form. The category **Self-Administer with Staff Supervision** allows students to administer his or her own medication, under the direction of an unlicensed staff member, at school or school activities such as sports practice and field trips without the presence of a school nurse.

Incomplete forms will not be accepted. If you have any questions or concerns please contact your child's school nurse. Thank you for your attention to this matter.

Sincerely,

School Nurses
Millbrook Central School District



AUTHORIZATION FOR MEDICATION In School and School Activities

Part 1 – (To Be Completed by Provider)

Student Name _____ DOB _____ Grade _____

Diagnosis _____

Provider: Please check one box. By checking the Independent Carry & Administer box you are attesting that you have determined the student is able to carry the medication responsibly and self-administer the medication effectively without any supervision.

Medication	Dose	Route	Time	[] please check one box
				<input type="checkbox"/> Nurse or Parent Designee Must Administer <input type="checkbox"/> Self Administer with Staff Supervision <input type="checkbox"/> Independent Carry & Self Administer
				<input type="checkbox"/> Nurse or Parent Designee Must Administer <input type="checkbox"/> Self Administer with Staff Supervision <input type="checkbox"/> Independent Carry & Self Administer
				<input type="checkbox"/> Nurse or Parent Designee Must Administer <input type="checkbox"/> Self Administer with Staff Supervision <input type="checkbox"/> Independent Carry & Self Administer

Provider Name _____ Phone _____

Provider Address _____

Provider Signature _____

Date _____

Provider Office Stamp

Part 2 – (To Be Completed by Parent or Guardian)

Check box and sign **only one** of the following options:

With Nurse or Designee Administer Permission

I request for my child to be given the medication prescribed above. I will provide the medication in the original pharmacy or over-the-counter container.

Parent/Guardian Signature _____ Date _____

With Self Administer with Supervision Permission

I agree that my child may self-administer the medication prescribed above with supervision from school staff. I will provide the medication in the original pharmacy or over-the-counter container.

Parent/Guardian Signature _____ Date _____

With Independent Carry & Administer Permission

I agree that my child can independently carry and administer the medication prescribed above without any supervision from school staff.

Parent/Guardian Signature _____ Date _____