

WANTAGH PUBLIC SCHOOLS
Wantagh, NY

Provider and Parent Permission to Administer Medication at School/School Sponsored Events

To Be Completed By Parent:

Student Name: _____ DOB: _____

Grade: _____ Teacher/HR: _____ School: _____

I request the school nurse give the medication listed on this plan; or after the nurse determines my child can take their own medications: trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with school staff caring for my child.

Parent/Guardian Signature Date: _____

Email Phone Number

To Be Completed by Health Care Provider - Valid for Current School Year

Diagnosis _____

Medication _____

Dose _____ Route _____ Time(s) _____

Recommendations _____

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.

Independent Carry and Use Attestation Attached (Required for Independent Carry & 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. To allow this option in school, check on this line and attach the attestation to this form to request this option.

Name/Title of Prescriber (Please Print) Date: _____/Stamp

Prescriber's Signature Phone _____

E-Mail Address: _____

***PLEASE RETURN TO SCHOOL NURSE. PLEASE SEE HEALTH OFFICE WEBSITES FOR CONTACT INFORMATION (PHONE NUMBERS AND FAX NUMBERS)**

