

**EAST ROCHESTER UNION FREE SCHOOL DISTRICT
PERMISSION FOR ADMINISTRATION OF MEDICATION**

In the event it is necessary for the welfare of your child that any medication be administered during school hours, you must comply with the following or delays may result in your child's receipt of medicine:

1. Have your child's physician complete the **Physician's Statement** section of this form in its entirety.
2. Complete the **Parent Statement** section of this form in its entirety, and
3. Provide a current wallet size photo of the student for safe identification purposes.
4. Parent provides medication in appropriately labeled original container.
5. Unless otherwise specified, all medication orders expire at end of current school year.

PHYSICIAN'S STATEMENT

CHILD'S NAME: _____ DATE OF BIRTH: _____

MEDICATION: _____

DOSAGE: _____ ROUTE: _____ TIME: _____

DURATION: _____

POSSIBLE SIDE EFFECTS: _____

REASON FOR MEDICINE: _____

I ASSESS :

_____ STUDENT IS ABLE TO CARRY AND SELF-ADMINISTER MEDICATION

_____ MEDICATION WILL BE KEPT IN THE HEALTH OFFICE AND ADMINISTERED BY NURSE

_____ SELF-DIRECTED _____ NON-SELF DIRECTED
(see below for definitions)

_____ PLEASE HAVE THE SCHOOL NURSE ASSESS STUDENT'S ABILITIES IN A SCHOOL SETTING.

Physician's signature

Date

PARENT STATEMENT

By completing and signing this form, I give permission for my child, _____, to take this medication as prescribed above. I understand the determination of whether my child is self-directed or not self-directed is the ultimate responsibility of the school nurse/physician overseeing the medication in a school setting. I further understand that any assessment may change based on a student's demonstration of responsibility. To help in that assessment, I assess my child to be:

_____ **Able to carry and self-administer** - as in self-directed, plus student understands and agrees to keep medicine supply away from other students and safely stored, can recognize when medication supply needs replenishing, can keep track of dosing and timing of medication, knows to seek assistance from health office if medication is not working.

_____ **Self-Directed** - Nurse administers medication however student can recognize medication, knows dose and time of delivery, and can refuse to take the wrong medication from an authority figure.

_____ **Non-Self-Directed** - Nurse administers medication. Student unable to recognize own medication and must be reminded and supervised at all times regarding the storage and administration of medication.

Parent Signature

Date

Student Signature