

MOUNT SINAI UNION FREE SCHOOL DISTRICT
P.O. BOX 397, NORTH COUNTRY ROAD
MOUNT SINAI, NEW YORK 11766

PARENT/PHYSICIAN AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

FOR

IN-SCHOOL USE AND SCHOOL TRIPS

A. To be completed by Parent/Guardian: **Grade Level** _____

I request that my child, _____, receive the medication as prescribed by my physician.

Name of Parent/Guardian (*Please print.*): _____

Signature of Parent/Guardian: _____ Date: _____

Home Phone: _____ Cell Phone: _____

B. To be completed by Physician:

Allergies: _____

I request that my patient, as listed below, receive the following medication (prescription and over-the-counter):

Name of Student (*Please print.*): _____

1. Diagnosis: _____ Medication: _____

Dosage, Frequency, Route, Time & Side Effects:

2. Diagnosis: _____ Medication: _____

Dosage, Frequency, Route, Time & Side Effects:

Name of Physician (*Please print.*): _____

Address: _____

Signature/Stamp: _____ Date: _____

This form must be completed for students to carry and administer their own medication (prescription and over-the-counter) in school and on school trips along with the Self-Medication Release Form (A or B as applicable).

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SELF-MEDICATION RELEASE

FORM A

Grade Level: _____

Student's Name (Please print.): _____ has
been instructed in the proper use of the following medication procedures:

Name of medication: _____

Procedures: _____

We request that the above named student be permitted to carry the medication on his/her person. We consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

Signature of Physician

Date

Signature of Parent/Guardian

Date

NOTE:

This form must be completed in addition to the ***Parent/Physician Authorization for Administration of Medication for In-School Use and on School Trips*** for those students who request permission to carry and administer their own medication (prescription and over-the-counter) on school trips.

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SELF-MEDICATION RELEASE

FORM B

**PROVIDER AND PARENT PERMISSIONS
REQUIRED FOR INDEPENDENT MEDICATION CARRY AND USE**

Directions for the Health Care Provider: This form may be used as an addendum to a medication order which does not contain the required diagnosis and attestation for a student to independently carry and use their medication as required by NYS law. A **provider order** and **parent/guardian permission** is needed in order for a student to carry and use medications that require rapid administration to prevent negative health outcomes. These medications should be identified by checking the appropriate boxes below.

Student's Name: _____ **DOB:** _____

Grade Level: _____

Health Care Provider Permission for Independent Use and Carry

I attest that this student has demonstrated to me that they can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity with no supervision by school staff. This order applies to the medications checked below:

This student is diagnosed with:

- Allergy and requires Epinephrine Auto-injector
- Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
- Diabetes and requires Insulin/Glucagon/Diabetes Supplies
- _____ which requires rapid administration of _____
(State Diagnosis) (Medication Name)

Signature: _____ Date: _____

Parent/Guardian Permission for Independent Use and Carry

I agree that my child can use their medication effectively and may carry and use this medication independently at any school/school sponsored activity with no supervision by school staff.

Signature: _____ Date: _____

Please return to the School Nurse:

School Nurse:	School:	
Phone #:	Fax:	Email:

NOTE:

This form must be completed in addition to the **Parent/Physician Authorization for Administration of Medication for In-School Use and on School Trips** for those students who request permission to carry and administer their own medication (prescription and over-the-counter) on school trips.