

**Cobleskill-Richmondville High School
Permission to Administer Medications**

Student Name: _____ DOB: _____

Grade: _____ School: _____

To Be Completed By Health Care Provider

Diagnoses _____

Medication Name	Dose	Route	Time	<input checked="" type="checkbox"/> applicable boxes below
				<input type="checkbox"/> AM _____ <input type="checkbox"/> Bus <input type="checkbox"/> FT <input type="checkbox"/> SSA <input type="checkbox"/> Self-Directed
				<input type="checkbox"/> AM _____ <input type="checkbox"/> Bus <input type="checkbox"/> FT <input type="checkbox"/> SSA <input type="checkbox"/> Self-Directed
				<input type="checkbox"/> AM _____ <input type="checkbox"/> Bus <input type="checkbox"/> FT <input type="checkbox"/> SSA <input type="checkbox"/> Self-Directed

Prescriber please use codes below for each medication ordered:

AM	Nurse may administer missed morning dose indicated after verbal or written notification from parent. Please advise parent to send in additional medication
Bus	Medication must be available on bus
FT	Medication is needed on field trips
SSA	Medication is needed school sponsored extra-curricular activities
Self-Directed	I assess this student is self-directed regarding their medication. They understand the purpose, name, amount, dose, timing, and effect of taking or not taking the medication, can recognize the medication and refuse to take it inappropriately and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently.

Name and Title of Licensed Prescriber (Please Print) _____

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.

Parent/Guardian Signature _____ **Date** _____ **Phone** _____

School Nurse: Stephanie Cooney, RN School : High School

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