# **Andes Central School**

## Health Office

Telephone: 845-676-3166 / fax: 845-676-3181

## **Medication at School:**

According to New York State Law the only way any medication, over the counter or prescription, can be given during school time is if the school nurse receives a note from the healthcare provider giving permission for it to be administered. *Please do not send medication to school for a child to take on his/her own*.

Medications of any type carried in school by students without a healthcare provider's order is against the drug-free policies of the school and a violation of state law.

If medication must be given in school, this must be indicated below by the healthcare provider. The bottom section of this form must be signed by a parent. Medications must be brought to the Health Office by a parent in the original container with the pharmacy label attached. Please advise your pharmacy that you will need medication to keep in school as well as at home.

Edward Sanford, RN

## Health Care Provider's Section:

Students' Name	Date of birth	
	=	

Diagnosis

Medication	Dosage	frequency/time to be taken	Route of Administration
How long is this medication to be given at school  school vear	🗖 other (gi	ve dates)	

How long is this medication to be given at school  $\Box$  school year  $\Box$  other (given

Special instructions	
*	

I assess this student to be self-directed  $\Box$  Yes  $\Box$  No

Student may self carry and self administer medication  $\Box$  Yes  $\Box$  No *(for non-routine medications)* Note: Nurse will also assess self-direction for the school setting.

## **Please Print:**

Health Care Provider's Name			
Address			
Phone	Fax		
Signature		Date	

## 

#### **Parent Section:**

I hereby give my permission for the school nurse (or designated, trained person for self directed students) to administer the medication as prescribed by our health care provider.

Parent name:	
(please print)	
Signature:	Date