

Sachem Central Schools  
Provider and Parent Permission to Administer Medication

**To Be Completed By Parent**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

I give permission for the above medication to be administered to my child as ordered by my health care provider. I will provide the medication in the original pharmacy or over the counter container with my child's name on it.

Additional Permission for Self-Administer/Self Carry (Requires Health Care Provider Consent Below): Parent permission and provider consent is required for students to self-administer and self-carry medication. Students with this designation are considered independent in taking their medication at school and require no supervision by the nurse. Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered, and the expiration date. Schools may revoke the self-carry/self-administer privilege if the student proves to be irresponsible to incapable.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Where We Can Reach You

**To Be Completed By Health Care Provider-Valid for 1 Year**

Diagnosis \_\_\_\_\_ Medication \_\_\_\_\_

Dose \_\_\_\_\_ Route \_\_\_\_\_ Time(s) \_\_\_\_\_

Note: Medication will be given as close to the prescribed time as possible, however may be given up to one hour before or after the prescribed time. Please advise if there is a time-specific concern regarding administration.

Prescriber, please check all that apply:

If morning dose is not given at home, nurse may administer morning dose of \_\_\_\_\_ after verbal or written notification is received from parent. Please advise parent to send in additional medication.

Medication is **NOT** required on bus to and from school and will be needed during normal school hours.

I assess the student to be **self-directed\*** regarding this 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; can ingest, inhale, apply or calculate and administer the correct dose of the medication independently.

I have determined this student is consistent and responsible in taking their own medications (Self-Directed) and in addition, **give them permission to self-carry and self-administer this medication**. They will be considered independent I medication delivery and need intervention only during emergencies.

\_\_\_\_\_  
Name/Title of Prescriber (Please Print)

\_\_\_\_\_  
Prescriber's Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

Stamp