



# FRANKLINVILLE CENTRAL SCHOOL



## Medication Order

Provider and Parent Permission to Administer Medication at School

### To Be Completed By Parent

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

Grade/Teacher/ EXT: \_\_\_\_\_

*I request the school nurse give the medication listed on this plan; or after the nurse determines my child can take their own medications; trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with school staff (if/as needed) caring/or my child.*

\_\_\_\_\_  
Parent/Guardian Signature & Date

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

☐ Check if Cell

Please list any/all medication allergies and reaction(s) here: \_\_\_\_\_

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

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_

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

Recommendations \_\_\_\_\_ ICD Code \_\_\_\_\_

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

☐ **Independent Carry and Use Attestation Attached (Required for Independent Carry and Use)**

NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medications, epinephrine auto-injector, Insulin, carry glucagon and diabetes supplies or other medications which require rapid administration along with parent/guardian permission delivery to allow this option in school. Check this box and attach the attestation to this form to request this option.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

Stamp

**Return/Fax Completed Form To:**

Elementary (Pre-K-6 Gr.) Phone 716-676-8002

Elementary Fax: 716-676-8097

High School (7-12th Gr.) Phone: 716-676-8022

High School Fax: 716-676-2032