Duanesburg Central School District
165 Chadwick Rd, Delanson, NY 12053
Elementary School: Janell Sindoni, RN
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High School: Stephanie Yauchler, RN
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Permission to Administer Medications

Student Name: _____ DOB: _____

To Be Completed By Healthcare Provider

Medication Name	Dose	Route	Time	Check applicable boxes below	Diagnosis
				❑ AM_____❑ PM_____ ❑ FT ❑ SSA ❑ Self Directed ❑ Self Admin/Self Carry	
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				❑ AM_____❑ PM_____ ❑ FT ❑ SSA ❑ Self Directed ❑ Self Admin/Self Carry	

Prescriber please use codes below for each medication

AM	Nurse may administer missed morning doses indicated after verbal or written notification from the 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 for school sponsored extracurricular 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 medication, can recognize the medication, and refuses to take it inappropriately. Student demonstrated ability to ingest, inhale, apply, or calculate and administer the correct dose of the medication independently at school and school sponsored events.
Self-Administer / Self Carry	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 in medication delivery and need intervention by support staff only during emergencies.

Name & Title of Licensed Prescriber (Please Print)_____
Prescriber's Signature_____
Date: _____ Phone:_____ Fax:_____

To Be Completed By Parent

I give permission for the above medication to be administered to my child as ordered by my healthcare 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_____

Administer/Self Carry
Parent permission and provider consent is required for students to self carry medication. Students with this designation are considered pendent in taking their medication at school and require no supervision by the nurse. Parents assume responsibility for ensuring their child is ving and taking their medication as ordered. Schools may revoke the self carry/ self administer privilege if the student proves to be irresponsible or incapable. To request this option please sign below:
Parent /Guardian Signature_____Date_____Phone_____