

Health Office

Fredonia Central School

425 East Main St.

Fredonia NY 14063

Phone: (716)-679-1581

Fax: (716)-672-6048

School Nurse: Elementary ext. 2402

School Nurse: Middle School ext. 2756

School Nurse: High School ext. 2758

Wheelock School

75 Chestnut St.

Fredonia NY 14063

School Nurse: ext. 2781

Permission to Administer Medications at School Field Trip

Student Name: _____ DOB: _____ Grade _____

Diagnosis	Medication Name	Dose	Route	Frequency	<input checked="" type="checkbox"/> MD please check, if applicable *parent and md must sign attestation*
					<input type="checkbox"/> Self Admin-Self Carry
					<input type="checkbox"/> Self Admin-Self Carry
					<input type="checkbox"/> Self Admin-Self Carry

Name and Title of Licensed Prescriber (Please Print) _____

Prescriber's Signature _____ Date _____ Phone _____

Supervised

To Be Completed By Parent: I give permission for the above medication to be administered to my child by the school nurse as ordered by my health care provider. (See reverse side for medication at school instructions.)

Signature _____ Date _____ Phone _____

Independent

Self-Carry/Self-Administer Section

Health Care Provider Attestation

I attest that this student has demonstrated to me that they can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. This student is diagnosed with:

- Allergy and requires Epinephrine Auto-injector
- Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
- Diabetes and requires Insulin/Glucagon/Diabetes Supplies
- _____ which requires rapid administration of _____
 (Other Diagnosis) (Medication Name)

Prescriber's Signature: _____ Date: _____

I agree that my child can use their medication effectively and may carry and use this medication independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency.

Parent Signature: _____ Date: _____

Supervised Medications at school (not self-carry/ self-administer)

- ❖ All medications, whether prescription or over-the-counter, (OTC medications include but are not limited to: Tylenol, Advil, cough drops, Chloraseptic, Anbesol, and topical ointments) requires a physician's order and signature, as well as, a parent signature.
- ❖ The physician's order must include the name of the student, the name of the medication, doses, route, and time to be administered during the school day.
- ❖ All medications, including over-the-counter medications, are to be delivered to the school nurse by a parent. Please, **DO NOT send any medication to school with the student.**
- ❖ Medications need to be in the original prescription bottle(s) or original over-the-counter bottle(s). (Pharmacies will provide "school bottles" if requested. The container must be properly labeled with the student's name, name of medicine, dose and time to be administered.)
- ❖ New medication orders must be provided for each school year. All medication orders expire the last day of school at which time all medications must be picked up by parents/responsible adult.

Independent Medications (self-carry/ self-administer)

- ❖ New York State law allows students with respiratory (breathing) conditions, allergies, and/or diabetes the right to independently carry and use their medications; if the following is provided to the school:
 1. written permission from the parent/guardian; and
 2. **written provider order with an attestation stating both the diagnosis, and that the student has demonstrated they can effectively administer the medication(s).**
- ❖ Independent carry and use of medications means that your child will take their own medicine without any help. The school will not know if your child takes their medicine. If you want your child to independently carry and use a medication listed above during the school day or at school sponsored events, **you will need to ask their health care provider to put in writing (attest), that they have watched your child use the medication correctly.** We may ask you to have your provider write another order with the required information if it is not on the medication order you bring to school.
- ❖ After review by our medical director, students with other health conditions who need medications quickly during the school day or at school sponsored events may also be given permission to independently carry and use their medications if they provide the same written notes. (The attestation form is available in the Health Office.)

Extended Day or Overnight Field Trip

- ❖ Medications and forms must be submitted to the nurse by a **parent** by the **medication due date, at least one week before the trip.** The only exception will be for new prescriptions (such as antibiotics), unless the student is "Independent" with medications as stated above.
- ❖ All students that are "Supervised" as stated above will need a school staff member to carry their medication. NYS Health Law does not allow the school staff member to administer medication to the student only to assist students at their request and direction. The student must see the nurse before the trip and after the medication due date to review the following (please make sure your student knows the answers)
Recognize the medication, knows how much they take, what time to take it, why they take it, what will happen if they do not take it and knows when to refuse their medication appropriately.
- ❖ Prescription medications must be in the pharmacy labeled bottle and contain only the amount needed for the trip.
- ❖ OTC medications must be in the original manufacturer's container, travel-size preferred.
- ❖ Check with the group advisor to find out when and where to pick up left over medications.
- ❖ If your child has a current medication order on file for the present school year, a new order is not needed.