Mineola UFSD

Medication Administration Form for High School Use

A provider order and parent/guardian permission are required in order for a student to receive <u>any</u> medications in school or school sponsored events, even those that require rapid administration to prevent negative health outcomes. These medications should be identified by completing the entire form.

Student Name_____**DOB**_____
Parent cell phone _____**Parent work phone**_____

To Be Completed by Healthcare Provider:

Diagnoses_____

Medication Name	Dose	Route	Time/Frequency	Check applicable boxes
				☐ Admin by nurse only ☐ Self-directed ☐ Self-Carry, Self-admin
				☐ Admin by nurse only ☐ Self-directed ☐ Self-Carry, Self-admin
				☐ Admin by nurse only ☐ Self-directed ☐ Self-Carry, Self-admin

Prescriber's Signature_____Date_____Phone_____
Prescriber's Practice Stamp MUST be placed in this area :

To Be Completed By Parent/Guardian:

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

SELF-CARRY, SELF-ADMINISTER

Parent permission and provider attestation are required for students to self-carry and self-administer medication. Students with this designation are considered independent in taking their medication at any scholl/school sponsored activity and require no supervision. Staff intervention and support is needed only during an emergency.
Parent/Guardian Signature_____Date_____

Return completed form to Mineola High School Nurses' Office. Fax: 516-237-2698
Email: mshevlin@mineola.k12.ny.us or bspies@mineola.k12.ny.us