Washington-Saratoga-Warren-Hamilton-Essex BOCES

Medication Permission Form

A. To be completed by the parent or guardian

I request that my child, _____ DOB_____

GRADE_____ receive the medication as prescribed below by our physician.

The medication is to be personally delivered by me (parent or guardian) in the original labeled pharmacy container stating the specific name of the medication and dispensing orders.

Signature (Parent or Guardian): _____

Telephone: Home _____ Work _____ Date _____

B. To be completed by physician

I request that my patient, as listed below, receive the following medication:

Name of Student: _____ DOB _____

Diagnosis: _____

Diagnosis Codes (ICD-10): _____

Name of Medication	Dosage & Schedule & Route	Discontinue Date (insert date – see *below)	Continue Indefinitely (√ and initial)	Side Effects Of Concern

PLEASE CHECK :

[ ] I deem this child to be an independent student who can self-administer his or her own medication(s) without any assistance.

Name of Licensed Prescriber and Title (please print): _____

Prescriber's Signature: _____ Date: _____

Address: _____ Phone: _____

Parent(s) or Guardians(s) Signature: _____ Date: _____

The Washington-Saratoga-Warren-Hamilton-Essex BOCES does not discriminate in its programs and activities, including employment and admission as applicable, on the basis of actual or perceived race, color, creed, sex, sexual orientation, national origin, religion, age, economic status, marital status, veterans' status, political affiliation, domestic victim status, use of a guide dog, hearing dog or service dog, disability, or other classifications protected under federal or state law, and provides equal access to the Boy Scouts and other designated youth groups. The designated district compliance officer(s) will coordinate compliance with the nondiscrimination requirements of Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, the Boy Scouts of America Equal Access Act, and the New York State Human Rights Law. The BOCES Civil Rights Compliance Officers are: Katelynn Attanasio and David Ashdown, Washington-Saratoga-Warren-Hamilton-Essex BOCES, 267 Ballard Road, Suite 5, Wilton, NY 12831. phone: (518) 581-3372, email: kattanasio@wswheboces.org or dashdown@wswheboces.org. Complaints may also be filed with the Office for Civil Rights, New York Office, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005- 2500, phone (646) 428-3800, fax (646) 428-3843, email: OCR.NewYork@ed.gov.