



Medication at School/School-Sponsored Events

To Be Completed by Parent

Student Name: _____ DOB: _____ Grade: _____

I request the EVCS 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 caring for my child.

Parent/Guardian Signature

Date

Email

Phone Where We Can Reach You Check if Cell

To Be Completed by Health Care Provider - Valid for 1 Year

Diagnosis _____

1) Medication _____

Dose _____ Route _____ Time(s) _____

2) Medication _____

Dose _____ Route _____ Time(s) _____

3) Medication _____

Dose _____ Route _____ Time(s) _____

Check the Student's Medication Delivery Status

- Nurse Dependent
- Supervised Student
- Independent Student

An Attestation from Physician is required for Independent Students (specifically for inhalers, Epinephrine auto-injectors and Diabetic management). See attached form

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 to:

Days Park Confidential Fax: 716-884-0010

Hertel Confidential Fax: 716-464-3560