CORNING-PAINTED POST AREA SCHOOL DISTRICT

Students are the center of all we do.

Physician's Orders for Medication In School

To Physicians and Parents of Students requiring Medication in School:

In compliance with the rules and regulations of the New York State Education Department, you are required to complete this form to request that medication be administered to your child in school.

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Student's Name: _____ DOB: _____ Gender: _____

Student's Address: _____

Student's School: _____ Grade: _____ Teacher::_____

Parent/Guardian's Name: _____

Phone : _____(home) _____(work) _____(cell)

Name of Drug(s): _____

Generic Name of Drug(s) if possible: _____

Dosage & Frequency: _____

May the student self-administer this medication in school? _____Yes _____ No (If yes, complete section B below)

Expected Effect(s): _____

Possible Side Effect(s): _____

Diagnosis **and** ICD9 Code: _____

Date order is Effective: _____Time Duration of Order:: _____

Signed Physician's Name: _____ ***Date Signed:*** _____

Physician's Address & Phone #: (pre-printed or office stamp preferred)

_____

Street Address/PO BOX # *City, State, Zip Code* *Phone #*

Physician's NPI _____ **License #** _____

Required *Required*

A: Parent Request for School to Administer Medication:

I hereby request that my child _____ be given the above medication in school as prescribed by the Physician.

Parent Signature: _____ Date: _____

B: Request for Student to Self-Administer Medication in School: Emergency medication ONLY (inhalers, epipens, etc)

_____ has been instructed in the proper method of self-administration of the following prescription medication: . It is our belief that this student is knowledgeable and responsible enough to carry, store, and use this medication during school and extracurricular hours. He or she has been instructed in and understands the purpose and appropriate method and frequency of the use of this medication.

Parent Signature: _____ Date: _____

Physician's Signature: _____ Date: _____

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School Nurse: _____ License and NPI#s: _____