

**EAST ROCHESTER UNION FREE SCHOOL DISTRICT
PERMISSION FOR ADMINISTRATION OF MEDICATION**

In the event that medication is necessary to be administered during school hours, the following is required:

1. This form must be completed in its entirety.
2. Ordering provider must fax medication order to the appropriate school health office.
3. Parent must provide medication in appropriately labeled, original container.

Child's Name: _____ Date of Birth: _____

Medication: _____

PARENT STATEMENT

By completing and signing this form, I give permission for my child, _____, to take the medication as listed above. I understand the determination of whether my child is self-directed or not self-directed is the ultimate responsibility of the school nurse/physician overseeing the medication in a school setting. I further understand that any assessment may change based on a student's demonstration of responsibility. To help in that assessment, I assess my child to be:

_____ Able to self-carry and self-administer – as in self-directed, plus student understands and agrees to keep medicine supply away from other students and safely stored, can recognize when medication supply needs replenishing and can keep track of dosing and time of medication, knows to seek assistance from health office if medication is not working.

_____ Self-Directed – Nurse administers medication, however, student can recognize medication, knows dose and time of delivery and can refuse to take the wrong medication from any authority figure.

_____ Non-Self-Directed – nurse administers medication. Student unable to recognize own medication and must be reminded and supervised at all times regarding the storage and administration of medication.

Parent Signature

Date

Unless otherwise specified, all medication orders expire at the end of the current school year.

**Elementary Health Office: Phone – 585-248-6317 Fax – 585-248-6326
Middle/HS Health Office: Phone – 585-248- 6372 Fax – 585-248-6336**