

CHRISTIAN BROTHERS ACADEMY



6245 Randall Rd
Syracuse NY 13214-0604

Medication Administration in School Authorization Form

To be completed by the licensed healthcare provider:

I request that my patient receive the following medication

Students Name: _____

Date of Birth _____

Diagnosis _____

Allergies _____

Name of Medication _____

Dosage _____

Frequency _____

Route of Administration _____

- If am dose is missing at home, nurse may administer the AM dose after verbal/written notification from parent
- Medication is required on bus
- Medication is required on field trips
- Medication is required at school –sponsored after school/weekend activities/sports
- I assess this student to be self-directed* regarding the medication.**
The student understands the purpose, name , amount , amount, dose, timing and effect of taking or not taking the medication, can recognize the medication and refuse to take it when appropriate and can ingest, inhale apply and administer the correct dose of medication independently
- I have determined this student is consistent and responsible in taking their own medication (self-directed) and in addition, given this student permission to **self carry and self administer** this medication. This student will be considered independent in medication delivery and need intervention only during emergencies. This student had been educated in the proper administration of this medication.

Licensed Prescribers Signature _____ Date _____

Print Name _____ Phone Number _____

To Be Completed by parent or Guardian:

I give permission for, and request that, the above medication be administered to my child as ordered by my health care 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** _____

Additional Permission for self-Administration/Self Carry (requires Health Care Provider Consent Above)

Parent permission and provider consent is required for students to self- administer and self-carry medication. **Students with this designation are considered independent in taking their medication at school and require no supervision by the nurse.** Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. CBA may revoke the self- carry/self- administration privileges if the student proves to be irresponsible or incapable. I request my child be permitted to self-carry and self-administer the above noted medication

Parent/Guardian Signature _____ **Date** _____

