Cazenovia Central School District
Parent/Prescribers Authorization for
Administration of Medication in School

Student Name_____ DOB_____ Grade _____

Medication at school: To be completed by Health Care Provider Duration of Treatment _____

Medication Name	Dose	Route	Time	Diagnosis	Self Directed*	Self Admin/ Self Carry**
					❒	❒
					❒	❒
					❒	❒
					❒	❒

***Self Directed**: I assess this student is self-directed regarding their medication. They understand the purpose, name, amount, dose, timing and effect of taking or not taking the medication, can recognize the medication and refuse to take inappropriately, and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently.

****Self Admin/Self-Carry**: I have determined this student is consistent and responsible in taking their own medication (self-directed) and in addition, give them permission to self-carry and self-administer this medication. They will be considered independent in medication delivery and need intervention only during emergencies. Nurse will also assess self-direction for the school setting.

Medical Provider Signature_____ Date: _____
Provider Name (please print): _____ Phone Number: _____
Provider Address: _____ Fax Number: _____

To be completed by Parent/Guardian if medication is prescribed for use in the Health Office

❒ I give permission for the above medication to be administered to my child by the school nurse, or other designated person in case of absence of the nurse, 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/package with my child's name on it.

Parent/Guardian Signature: _____ Date: _____ Phone: (H)_____

Parent Name (Printed) _____ (W)_____

Self Medication Release Form: To be completed by Parent/Guardian if medication can be self administered and self carried.

❒ 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. Schools may revoke the self-carry/self-administer privilege if the student proves to be irresponsible or incapable.

❒ My child has been instructed in the proper use of the above medication.

To request this option, please sign below:

Parent/Guardian Signature: _____ Date: _____ Phone: (H)_____

Parent Name (Printed) _____ (W)_____

Please note: For self admin/self carry students. It is a medical recommendation to have a spare inhaler or medication left in the Health Office in case the student forgets theirs and has a medical issue.